PROGRAM—56TH ANNUAL MEETING—BAY CITY, MAY 24-26

The Journal
OF THE
Michigan State Medical Society

ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

VOLUME XX—No. 5
WHOLE NUMBER 225

GRAND RAPIDS, MICH., MAY, 1921

YEARLY SUBSCRIPTION, $5.00
SINGLE COPY, 50c

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Office of Publication,
Powers Theatre Building, Grand Rapids, Mich.

Entered as second-class matter March 12, 1913, at Grand Rapids, Mich., under the Act of March 3, 1879.

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Original Articles

GONORRHEA IN WOMEN.

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DETROIT, MICH.

Gonorrhea in Women: The subject will be discussed under the following subdivisions:

1. The characteristics of the causative organism.
2. Its culture tissue sites.
3. The objective and subjective symptomatology.
4. Its pathology postulates.
5. The productive pathology.
6. The fundamentals of its therapy.

THE ORGANISM.

The maximum development of the gonococcus is attained under conditions of reduced oxygen tension, adequate moisture, at normal body temperature and the chemistry of the human protein. An exposure of the organism to the air with consequent drying and reduction of temperature very quickly reduces their verility. Successful plants must be made promptly after the conditions of their natural habitation are disturbed. The sensitiveness to temperature reduction is quite comparable in results to that of a corresponding elevation. A body temperature of 104 degrees F. is very destructive to all but the most virulent organisms.

Swartz (1) has shown that successful tube culture work requires the maintenance of the natural heat level of the organism in tissue secretion for its proposed culture medium.

It is a common observation that the gonococcus is to a considerable degree an exclusive organism. A clear field of pus cells quite frequently postulates the presence of this specific organism and conversely the presence of many types of organisms, epithelial cells and much blurring of the field postulates the absence of the gonococcus. The intracellular clusters or groups of organisms possess an individual cell morphology of plano-convex surfaces with a slightly shorter convexo-convex than plano diameter and accepts readily a methylene blue stain and is negative in its reaction to the Gram stain. The organism answers best to the foregoing standard criteria while involved in an acute infection, but its adherence is less faithful in later stages.

Smith and Wilson (2) consider the Gram differential method of no value unless the staining solutions are tested with 24 hour cultures of staphylococcus aureus and bacillus coli.

It is not only of great importance that the smear shall be obtained from its specific growth site but a satisfactory technic demands that extrinsic secretion be cleared away and a drop of freshly expressed discharge material collected by the platinum loop, fine pointed dropper or tightly wrapped swab, then evenly and thinly spread upon a clean, flamed slide. A drop of water may be used to evenly distribute the organisms and preserve the contour of the pus cells.

A single smear has a low degree of diagnostic value. Five or six smears multiply the positive findings in a direct ratio.

Jacoby (3) found only 8 per cent. of positive smear readings in a series of 300 cases of the prostitute types, but by multiple smears and deep tissue stimulation the per centum was raised to 33⅓ per cent.

The culture of the gonococcus will doubtless be used much more frequently as a diagnostic means. The new method introduced by Swartz (4) requires a reduced oxygen tension of 10 per cent. of normal atmospheric pressure. This is easily obtained by passing the culture tube above the media, through a flame 3 to 4 times. The medium must be rich in human protein and moisture, also of low acidity and alkalinity (PH 6.6 acid, and PH 8.0 alkaline). The growth on slants begins to appear in 15 to 18 hours and becomes luxuriant in 24 to 30 hours. The colonies appear as delicate, grayish, moist looking, translucent spots and the organisms remain viable for about 7 days.

Smith and Wilson (5) diagnose as positive, those pure cultures possessing organisms with classical morphology and staining reaction which do not grow in early generations without

the aid of blood serum. This rule they believe, excludes the micrococcus catarrhalis and other Gram negative cocci that grow immediately upon ordinary agar.

The gonococcus compliment fixation test is of undoubted value in chronic gonorrheal infections. The antigen should be made from different strains of gonococci. The serum, compliment and hemolytic system should have the same care as observed in the Wassermann technic.

The results of this test may reach 80 per cent. in positive fixation for cases of chronic gonorrhea.

Thomas, Ivy and Birdsall (6) report that they were unable to secure a positive reaction prior to the sixth week of the disease, or in cases in which only the anterior urethra or vagina alone were involved. They found from 33 to 75 per cent. of patients with posterior urethritis and recurrent exacerbation were positive, also 60 per cent. of stricture cases and approximately 100 per cent. of arthritis types were positive.

The same authors observed in 10 per cent. of sera, weakly, positive results were obtained with polyvalent micrococcus catarrhalis antigen. From this it was concluded that association of the gonococcus and micrococcus catarrhalis is not positively and absolutely defined.

Smith and Wilson (2) concluded, after doing considerable work in the New York City venereal clinic, that the gonococcus compliment fixation test is of undoubted value in chronic gonorrheal infections, and that a non-gonorrhoeic does not give a positive compliment fixation test.

CULTURE TISSUE SITES.

The conditions best suited for infection, growth and multiplication of the gonococcus are perfectly assembled in the generative tract. Coition affords the most effectual transportation facilities. Recessed and canalized epithelium provides a medium of proper temperature, moisture, oxygen tension and reaction, and it usually remains exclusive to other pathogenic organisms. The facility afforded for lateral fusing of the end portions of the epithelial cells and for outlet closure of crypts or ducts is ideal.

After puberty the urethral meatus and its two or three cryptic flands (Skene's), the cervix uteri, the major vestibular duct meati, ducts and glands, and the oviducts are the important anatomical units of infection demanding inspection in every suspected case.

The vagina, fundal endometrium, urinary, bladder, urethra, ovary and peritoneum are of secondary importance.

In a third group should be included contiguous tissues to those of groups one and two, and also hematogenous and lymphogenous, diffused infections.

In group four should be placed the accidental contact units such as the eye, rectum, local areas of epidermis, etc.

OBJECTIVE AND SUBJECTIVE SYMPTOMATOLOGY.

A careful clinical examination is exceedingly important and valuable. The use of laboratory methods exclusively, in the diagnosis of gonorrhea is pernicious and indicates unpardonable laziness in diagnostic effort.

The objective picture to be anticipated is that of any inflammation from pathogenic organisms but in gonorrhea it is found in single or multiple distribution to the specific sites previously named.

At the urethral meatus there is observed discharge of a pyogenic character which is usually augmented easily by expression which shortens and empties the cryptic glands. There is some degree of increased redness, tumefaction, swelling or pouting of the meatal margins. In chronicity, evident hyperplasia is present in caruncle formation.

The cervix has a duplication of the urethral meatal condition except as it is carried by the anatomical tissue form. The discharge is more profuse, redness is more intense, the swelling is greater and there is typical erosion with slight gaping of the os, giving some degree of exposure of columnar epithelium. Prolongation of infection brings hypertrophy, hyperplasia, cervical gland occlusion (retention cysts) and glandular erosion presenting multiple, two to five millimeter, discreetly placed; pink and bluish, bulging, thin walled areas over the convex surface of the cervix. The internal os remains tightly closed until the endocervium is extensively infected, or until cyclic physiological dilatation occurs. A chronic catarrhal reaction of the endocervium produces a profuse, tenacious, bluish and creamy discharge which is not easily removed.

The Bartholin duct meati presents a distinct flea bite appearance. This congestion is intensified by hooking a finger back of the levator ani muscle and pulling forward with slight outward traction of the labia. If the ducts are massaged, distinct drops of pus may appear at the meati changes. The gland is practically always palpable in its normal condition and carefully acquired experience will enable detection of its pathological changes in gonorrhea.

The oviduct infections occur, in most instances, after repeated attacks of gonorrhea, or in relation to pregnancy, particularly abortions

and miscarriages, or as mixed gonococcus, streptococcus, staphylococcus and colon infections.

Direct palpation of the oviduct is best accomplished by distinct fixation of the uterine fundus by pressure upon the abdominal wall so as to descend upon and press forward and downward the entire uterus, feeding it, so to speak, to the examining fingers at the proximal angle of the tube and the uterine wall. Palpation is then accomplished by the opposing fingers, one of the most helpful and certain diagnostic aids is the differential condition of the proximal end portion from the remainder of the tube. With no change in the size or in the wall resistance or motility, a negative pathology can usually be postulated. A soft proximal end portion with a soft, enlarged middle or distal third is indicative of an acute process. A hard but somewhat enlarged proximal third and a distinctly enlarged and firm walled remaining portion defines a chronic salpingitis.

Vaginitis, endometritis, ovaritis and cystitis occur much less frequently than is usually believed. The involvement is, at least, usually mild and transitory and, in gonorrheal infections, leaves but little permanent tissue change. Vaginitis is however, quite important before puberty. In this period the vaginal mucosa is delicate, non-resisting and has a narrow stratification, many of the cells of the layer are transitional types. The introitus is continually very well closed making the vagina a suitable culture site. Objectively, in these subjects, the vaginal epithelium is frequently denuded and the entire introitus is bathed, almost continuously, with a typical discharge.

The limits of the paper will not permit a discussion of the groups two and three. Suffice it to say that gonorrheal infection involving their anatomical units will have objective symptoms quite similar to inflammations caused by other pathogens.

The direct subjective symptoms from an exclusive Neisserian infection are surprisingly few and mild in the female. I have taken hundreds of histories from prostitutes, who had all degrees of pathological tissue changes, and it was quite exceptional to obtain a description of troublesome symptoms. The cases, however, that had abortion, miscarriage or childbirth were in sharp contrast. Then the symptomatology was varied and severe.

PATHOLOGY POSTULATES.

The urethra, cervix uteri, vulvovaginal gland apparatus and oviducts are the important anatomical units in gonorrheal infections. The severity and extent of the pathology manifested in these primary sites will quite accurately postulate both functional and permanent tissue changes. The menstrual deviations will vary from simple irregularities to amenorrhoeas and menorrhagias caused by indirect and direct inflammatory changes in the ovary producing luteal dysfunction. The reproduction function is particularly jeopardized during the early months of pregnancy.

All of the usual effects produced by a pathogenic bacterium, in its specific sphere in addition to accentuation from the monthly and child bearing functions and the practice of coition, are to be considered. The close relation of the generative system with the endocrines is beset with many variants, during and following gonorrheal infections.

PRODUCTIVE PATHOLOGY.

The tissues exhibit a marked catarrhal change with a mucopurulent discharge, infiltration of small round cells and exfoliation of epithelium, fibroblastic tissue production, adhesion of mucous surfaces with consequent retention of infected secretions and pressure atrophy of mucosal structures.

The more superficial tissues are frequently involved in granulomatous changes. The extension of gonococcal infections beyond the usual sites predicts functional pathology corresponding to the organ or specific tissue involved and the additional changes common to pathogenic organisms after any type of tissue is invaded.

There are two outstanding features in the gonococcal infections of the genital apparatus, one being the infrequency of involvement of the fundal endometrium and functionating ovarian tissue, and the other is the very wonderful repairative possibilities of the oviduct.

TREATMENT.

The measures used in the therapy of gonorrhea in women may be summarized as preventive, local and general. The first means is idealistic, but real, when accomplished. The second is palliative, perhaps curative, with high tissue resistance and low virility of organism. The third is supportive and perhaps, so far as we know, the ultimate resulting measure.

A discussion of prevention cannot be undertaken in this paper. Of the local treatment certain essentials are to be observed. The maximum tissue drainage is demanded, securing the greatest possible dehydration and the highest oxygen tension. The transfer of infection from a single site to multiple sites is to be avoided.

The chemical of choice should possess a high

penetration power, a high gonococcocidal ability good anesthetic quality and freedom from caustic or other injurious effects upon the local structures. Theoretically and also practically, methylene blue appears to meet these requirements best. Its gonococcocidal action according to Dorland (7), is efficient in the strength of 1-250,000. It has been used by Foss (8) in dehydrating solution combined as follows:

Methylene blue ----------1 gram
Glycerine ---------- 25 c. c. m.
Water ----------100 c. c. m.

The general treatment should utilize all measures which can be effectual in securing the highest possible degree of resistance. The greatest of all means for this accomplishment is rest.

111 Josephine Avenue.

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CONGENITAL MALFORMATIONS IN THE URINARY SYSTEM.

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INTRODUCTION.

It is a well known fact that congenital malformations of the urinary system occur rather frequently. Some of these malformations are of minor importance, and the individuals in whom they obtain often live to old age and the anomalies cause no serious disturbances. They thus remain unrecognized throughout life and are discovered only at autopsy. Then again the anomalies may be very marked, even to the extent of being incompatible with life and the individual affected dies in infancy. Between these two extremes are malformations which are more or less serious. Some produce symptoms in early life; probably during the first six or seven years of life denoted as babyhood; others show symptoms during the years from puberty to maturity; still others are of such a nature as to render the kidney below par and symptoms are at once apparent when scarlet fever or other fevers which tax the kidneys appear. Besides the anomalies of the kidneys we also find anomalies, which produce more or less serious consequences, in the remaining parts of the urinary system; in the ureters, the bladder, and the urethra, an almost endless variety of anomalies of the urinary system is possible.

The explanation of the occurrence of such anomalies has been attempted by some scholars of embryology. This problem alone—a problem which is as yet far from being fully solved—furnishes material for an extensive treatise.

The results of such malformations as well as the congenital malformations of other parts of the body accompanying malformations of the urinary system, are variable.

Thus considering the various types of malformations that may occur, in regard to their form as well as in regard to their extent; the explanation of these on embryologic bases; and the consequences of such anomalies; it becomes at once apparent that a brief discussion like the one in hand must be somewhat superficial—covering the topic merely in a general way.

The material used in compiling this paper has necessarily been taken from various sources in the Medical Literature. A complete list of the references resorted to appears at the close of this paper. These referencs are numbered 1 to 28 in successive order. Throughout the discussion where facts are recorded that were obtained from any one reference or from any group of references such references are indicated by "Reference Number" appearing immediately at the close of such paragraphs, or divisions, in which the citations appear.

Certain malformations of the lower urinary tract—such, for example, as those involved in hermaphroditism—fall more properly under discussions of the genital tract and are therefore merely touched upon here. Likewise the clinical diagnosis of anomalies has been omitted.

CONGENITAL MALFORMATIONS IN THE URINARY SYSTEM. GENERAL OUTLINE.

A. Embryology and early development of the urinary system in brief. This is given to afford an insight into the early conditions that favor malformations.

B. Detailed outline of the malformations as discussed in this paper.

I. Malformations of the kidney:
(a) Frequency of occurrence.
(b) Types of malformations of the kidney.
1. Fused, or horseshoe kidney.
2. Solitary kidney.
3. Congenital cystic kidney.
4. Congenital absence of both kidneys.
5. Ectopic kidney.

6. Atrophic kidney.
7. Fetal lobulation of the kidney.
8. Supernumerary and abberrant blood vessels.

II. Malformations of Ureters and Renal Pelvis

(a) Types of malformations (frequency of occurrence mentioned under each separate type).

1. Duplication of the ureters, on one and on both sides.
2. Division, or partial duplication of the ureters.
3. Congenital ureteral structure.
4. Single ureter supplying a single kidney.
5. Single ureter dividing to supply both kidneys.
6. Duplication of the renal pelvis.

III. Malformations of the Bladder:

(a) Types of malformations

1. Absence of the bladder.
2. Extroversion of bladder.
3. Remains of the urachus.

IV. Malformations of the urethra:

(a) Types of malformations

1. Stricture of the urethra.
2. Dilatation of the urethra.
3. Opening of the urethra to the outside at unusual places.
4. Two or more openings of the urethra.

V. Rare and exceptional cases of deformity in the urinary organs.

C. A complete list of references upon which this writing is based.

BRIEF EMBRYOLOGY OF THE URINARY ORGANS.

The essential parts of the permanent kidney are the renal corpuscles, secretory tubules, and collecting tubules. The collecting tubules open into the calyces and the pelvis. The pelvis in turn is continuous with the ureter, and the ureter in turn opens into the bladder.

The kidney is of double origin. The ureter, pelvis, calyces, and collecting tubules are outgrowths of the mesonephric duct. The secretory tubules and the capsules of the renal corpuscles are differentiated from the caudal end of the nephrogenic cord. (The nephrogenic cord is mesodermal tissue surrounding the mesonephric duct, ureters, pelvis, calyces, and collecting tubules that develop from this duct.) This double origin of the kidney accounts for certain anomalies occurring in this organ, as, for example, the uriniferous tubules fail to unite with the collecting tubules, cystic degeneration may take place, and we have the cystic kidney of pathology described elsewhere in this paper.

The mesonephric duct is the duct of the primitive kidney in the embryo. It consists of a long tube in the lower part of the body cavity running parallel to the spinal axis and joined at right angles by a row of twisting tubules. In 5 mm. embryos the anlage of the ureter, pelvis, calyces, and collecting tubules are present as buds of this mesonephric duct. By following out these figures it will be seen that a saddle-like partition wall grows caudally between the intestine and the allantois, dividing the cloaca into a dorsal rectum and a primitive urogenital sinus. The division is complete in embryos of 11 to 15 mm. and at the same time the partition, fusing with the cloacal membrane, divides the membrane into the anal membrane of the gut and the urogenital membrane.

At 11mm. the primitive urogenital sinus, by elongation and constriction, is differentiated into two regions: (1) a dorsal vesico-urethral anlage which receives the allantois and mesonephric duct and is connected by the constricted portion with the 2nd region—the phallic portion of the urogenital sinus. The latter extends into the phallus of both sexes and forms a greater part of the urethra. The vesico-urethral anlage enlarges and forms the bladder and a portion of the urethra. In seven mm. embryos the proximal ends of the mesonephric ducts are funnel-shaped, and at 10 mm., with enlargement of the bladder, these ends are taken up into its wall until the ureters and mesonephric ducts acquire separate openings. The ureters now open into the vesico-urethral anlage to the mesonephric ducts. The lateral walls of the bladder anlage grow more rapidly than its dorso-median urethral wall, hence the ureters are carried cranically and laterally upon the walls of the bladder, while the mesonephric ducts, now the male ducts, open close together into the dorsal wall of the urethra.

(The urogenital fold is the anlage of both the mesonephros—the second pair of temporary kidneys in the embryo—and the genital gland. When the mesonephroi degenerate the mesonephric ducts become the male genital ducts. There is also a close relation between the development of the urinary organs and the development of the genital organs. This will tend to explain certain anomalies of these latter organs as accompanying anomalies of the urinary organs; as, for example, a single kidney accompanied by a lack of vagina and uterus, etc. Other cases are mentioned in other parts of this paper. In such cases it is probable that the factor favoring an abnormal formation in the one case also tended to produce the anomaly in the other case.)

Each one of the mesonephric corpuscles and tubules represented in plate No. 3 is supplied by a separate blood vessel. One or more of these mesonephric arteries is transformed into the renal artery of the permanent kidney. As any one of these mesonephric arteries may thus form the renal artery, and as they anastomose, the variation of the renal vessels both as to position and as to number is accounted for.

The above brief discussion of the embryological development of the urinary organs may in a degree make clear why so many and such varied anomalies occur in connection with these organs. Being mindful of the early development of the urinary organs it is readily seen how the nephrogenic tissue of the paired kidney anlage may fuse and we have the fused, or the horseshoe kidney, or also the large solitary kidney. Or we have the double ureters to a single kidney, or also ureters that fuse at our near their entrance into the bladder. It is impossible, however, to explain all the anomalies of the urinary organs satisfactorily with our present knowledge of embryology. Double and triple ureters as well as other peculiarities, which will be mentioned in this paper, are occasionally met with for which no explanation has been offered.

(References 26, 25, and 14.)

MALFORMATIONS OF THE KIDNEY.

Frequency with which congenital malformations of the kidney occur:

The frequent occurrence of the congenital anomalies in the kidney and ureter is not generally appreciated. Dr. Wm. Braasch, of Rochester, Minnesota, upon reviewing the surgical and clinical records of the Mayo Clinic for the five years from 1907-1912; finds that in a total of 660 cases of renal disease met with during those years gross renal and ureteral anomalies were found in 36 cases. The various anomalies in the order of their frequency were as follows:

Fused or horseshoe kidney	11
Congenital single, or asymetrical kidney	6
Atrophic kidney	5
Ectopic kidney	3
Duplication of renal pelvis	8
(Division of the ureter	4)

(References 1 and 7.)

Ralph Thompson, writing for the Journal of Anatomy and Physiology, 1913-1914, gives the following data relative to the occurrence of congenital anomalies of the kidney: From the postmortem records of the Guys and Victoria Hospitals in London, where a total of 11,150 subjects were examined, 16 cases of horeshoe kidney were found. Or one case of horeshoe kidney occurred in 620 cases of all subjects examined, 14 of these were found in males, one was found in a female, while in one case the sex was unrecorded.

The same writer gives the following report regarding his findings on solitary kidneys: Postmortem records from the Guys, the Victoria, and the London, Hospitals show a total of 13,505 cases examined. Of these 8218 were males, 5,287 were females. In the entire number 23 cases of solitary kidney were found. Or one case of solitary kidney in every 587 subjects examined. Divided as to sex his figures are as follows: 14 males, 8 females, and one of unknown sex. Bearing in mind the preponderance of male postmortems over those of females it is seen that the incidence of solitary kidney is practically equal in both sexes.

(Reference 2.)

The frequency of congenital absence of one kidney, the fusion of the two kidneys, and atrophic kidney, has been thoroughly worked out by Sir Henry Morris. This man of research gives the following averages derived from reports of postmortem examinations conducted at four London hospitals, combined with published statistics of other writers. Congenital absence of one kidney—1 in 3992 cases, or about 1 per 4000.

Fusion of the two kidneys (horeshoe kidney) 19 in 18,244 cases, or 1 per 1000.

Atrophied, small, shrunken, or wasted kidney 59 in 8,178 cases, or 72 per 1000.

(Reference 7.)

Dr. Anders cites one case of single kidney in 1817 examinations. This is based upon a total of 92,690 autopsies.

Regarding the occurrence of anomalies of the kidney it is of special importance to note the frequent occurrence of solitary kidney. Diseased kidneys are often removed. In case of a solitary kidney occurs and this is removed death ensues due to uremia. Hence it is important to be aware of the fact that solitary kidney is not infrequently met with. And it is, furthermore, important to be able to diagnose such cases before an operation is attempted.

Types of malformations of the kidney considered separately.

1. The fused kidney:

As noted above, this type of kidney is met with rather frequently. It may assume any of a great variety of forms, and may be situated in various parts of the abdomen. The type of fused kidney most frequently met with is the so-called horseshoe kidney. In this case the ends of the organs, usually the lower ends, are joined together by a commissure. The commissure is usually composed of kidney tissue, but sometimes it is composed of connective tissue. The two kidneys may be normal except for this commissure. The usual position of such a fused kidney is in the median abdomen at about the level of the umbilious, although it often lies more to either side of the spine. Occasionally it lies diagonally with one pole extending down into the bony pelvis.

As mentioned above, Dr. Wm. Braasch of Rochester, upon examining the records of 660 cases of renal disease, found 11 cases of fused kidneys. 8 of these were of the horseshoe type; 3 were of the so-called sigmoid—C-shaped type—while 1, besides being a fused kidney, had three separate pelves. As to sex the above anomalies were equally divided—namely 5 males and 6 females. Regarding age it is important to note that if the anomaly is such as to produce complications such complications will appear in the young adult usually after the full development of the individual has just been reached. This is readily seen from the reports of the Mayo Clinic mentioned above; six of the 11 cases appeared in patients below 30 years of age and 5 of these had to be operated on for complications of the kidneys resulting from the malformations. On the other hand the anomalies occurring in patients over 30 years of age were discovered merely accidentally at the time of operation for some other abdominal lesion.

(Reference No. 1.)

On a preceding page the records of the Guys and Victoria Hospitals in London have been referred to. Their records show that in a total of 11,150 autopsies, 15 cases of horeshoe kidney were found, or roughly 1 in 620 cases of all subjects examined. Males showed a large preponderance over females, namely: 14 males, 1 female and 1 whose sex was not reported. In these 16 cases the concavity was directed upwards in 10 subjects; downwards in 2 subjects; not recorded in 4 subjects.

A bridge of renal tissue connected the two halves in 5 subjects.

A fibrous bridge connected the two halves in 5 subjects.

The ureters and pelvis lay in front of the renal mass in 5 cases.

The ureters and pelvis lay behind the renal mass in 2 cases.

A single ureter existed in 2 cases, in one of which it lay behind the renal mass, while in the other it lay in front.

The renal mass was displaced downwards in 5 cases.

In two of the above cases other abnormalities

of the body were noticed; in one case recto-urethral fistula existed, while in the other case a lobeless right lung was present.

(Reference No. 2)

(Note: Anomalies of other organs of the body accompanying anomalies of the urinary organs occur quite regularly, and will be mentioned in various places throughout this paper.)

Dr. Clarence G. Bandler, writing for the Medical Record, states that in cases of horeshoe kidney supernumerary ureters often occur. He also notes that where the fused kidney is displaced downwards this may be due to the fact that fusion occurred from the fifth to the seventh week of embryonic life, before the kidney ascended into the abdomen.

(Reference No. 6)

Although the horeshoe kidney is the type most frequently met with in dealing with fused kidneys, other types also occur. The two kidneys may be united throughout so as to look like a single misshapen organ with two or more pelves and irregular blood vessels. The united kidneys may be situated on one side of the vertebral column or in the pelvis.

(References: 1, 6, 7, 11, 12, 25, 26.)

2. Congenital single kidney:

The etiology of congenital absence of one kidney is obscure. But it is probable that the defect originated in an arrest of the development of the distal end of the Wolffian duct, and in a failure of this distal end to unite with that part of the cloaca from which the urogenital sinus is derived. The normal outgrowth of the renal diverticulum is therefore checked, and the mesonephros the genital gland and the upper end of the Wolffian duct, if formed, subsequently atrophy. The atrophy in the male subject is probably due, in part at least, to there being no outlet for the escape of testicular secretion.

The kidney is congenitally absent on the left side about twice as frequently as on the right side. This may possibly be due to the fact that the umbilical cord is drawn toward the right side in young embryos of from 4-10 mm. in length. It is during this period that the Wolffian duct first penetrates the wall of the cloaca and the renal diverticulum grows out from its lower end. Now as the cloaca will be pulled over to the right with the umbilical cord, it will be farther away from the growing lower end of the Wolffian duct on the left than on the right side. This may account for the greater frequency in the failure to unite with the cloaca on the left than on the right side.

(References 7, 11, 12, 13 ,25, 26.)

Where congenital single kidney occurs we usually have only a single meatus entering the bladder. The meatus that is present is often situated in an unusual position either in the medium line or in the extremely lateral side of the base of the bladder. The trigone of the bladder is thus distorted. There may be an hypertrophy of the muscular ring about the meatus and the peristaltic contraction is exaggerated. The pelvis of the kidney is usually enlarged, but otherwise quite normal in outline. The parenchyma is also proportionately increased. Where a single kidney exists congenitally only one ureter is usually found, there being no remnant of the other one. Exceptions to this rule occur, however, as will be noted later.

Figures regarding the occurrence of solitary kidney vary very much. White and Martin in England mention solitary kidney as occurring 1 out of 400 individuals. Sir Henry Morris, also an English doctor, gives the figures 1 to 4000 individuals. Ralph Thompson (Ref. 2) upon resorting to the records of the Guys and London Hospitals, as well as the Victoria Hospital, reports 23 cases of solitary kidney in 13,505 cases examined. Or 1 per 587 individuals.

Of the above 23 cases there were 14 males and 8 females (and one whose sex was unrecorded). Bearing in mind the male postmortems over females, namely; 8218 males, and 5287 females, we see that the incidence of solitary kidney is practically equal in the two sexes.

Further details with regard to these cases of solitary kidney may be briefly summarized thus:

Right kidney present	8
*Left kidney present	13
Doubtful side	1
Sacral kidney	1

*This is contrary to the findings of most investigators, namely: that the left kidney is absent about twice as often as the right one.

In all these cases the solitary kidney was larger than usual.

In three cases the solitary kidney was proveded with two ureters, opening either together or separately into the bladder. See Fig. plate 6.

In four cases the bladder ureteric outgrowth for the missing kidney was present-patent for about an inch, and terminating in a fibrous cord.

A very interesting case of solitary kidney that I noted was that of a male child aged six weeks. The autopsy was performed by Prof. H. R. Dean, of the Victoria Hospital, London. In this case there was a lobulated left solitary kidney reaching as low as the bifurcation of the aorta, with three segmental vessels passing to the kidney from the left side of the aorta; and two ureters, one from the front and upper part, extending downwards in front of the organ to the pelvis, and another ureter passing from the lower and narrow end of the kidney. The upper ureter passed to the bladder and opened into that viscus in the usual position of the left ureter. The lower ureter cut across the bifurcation of the aorta, lying superficial to that vessel, and opened into the bladder in the position of the right ureter. See Fig. plate 6.

(Reference 2.)

Dr. Reginald Gladstone of Kings College London gives the following measurements of the solitary kidney as compared with the measurements of an average normal kidney:

	Single Kidney	Normal Kidney
Length	5¾ in.	4¼ in.
Width	2⅞ in.	2½ in.
Thickness	4¼ in.	1¼ in.
Weight	11 oz.	4½ oz.

The pyramids of the solitary kidney were enlarged but only nine in number, which is the average number in the normal kidney. The glomeruli and the tubules of the single kidney were also enlarged.

Note: For the clinical diagnosis of solitary kidney one may turn to references 1 and 24. A

lengthy discussion of the technic followed at the Mayo Clinic is here given.

Congenital absence of one kidney is often accompanied by malformations in the external genital and urinary apparatus. The lower portion of the vagina, the ovary, and the Fallopian tube may be absent. The labia majora may be rudimentary, and the labia minora absent. The testicle and deferent duct also may be rudimentary or absent on the same side where the kidney is missing.

(References on solitary kidney 1, 2, 7, 11, 24.)

3. Congenital Cystic Kidney:

This is a peculiar affection of the kidneys which leads, during embryonic development, to the formation of cysts throughout both kidneys (and frequently to the formation of cysts in the liver as well). Most of the substance of the kidney is occupied by these cysts, and there is extremely little functional tissue left between them. Yet such people may grow to adult life without knowing that there is anything wrong with their kidneys. In later life they may die of renal insufficiency after the injury of the scarcely sufficient tissue. In infancy the kidneys form huge masses of gelatinous cystic tissue, in rare instances so large that they must be removed before the delivery of the child at birth is possible. In such cases the fetus may also be otherwise extensively malformed. The cysts may be in immediate relationship with the glomeruli, or they may be developed in the first part of the convoluted tubule and connected by a narrow canal with the glomeruli.

Ribbert, (Reference 28) holds that the cysts are caused by interference with the union of the glomerular part of the tubule with the other rudiment, which grows up from the ureter to join it. And in the presence of this condition the glomerular portion dilates into a cyst. The end of the ureteral portion may also become cystic.

Others regard the whole process as an adenomatous growth, which it is said might account for the similar growth of cysts in the liver. As cause of such cystic condition in the kidney Delafield and Prudden hold that the dilatation of the tubules may be due to obliteration of their distal ends; or, it may also be due to stenosis of pelvis, ureter, bladder and urethra. It seems, however, most plausible to base the change on anomalies of embryonic development.

In the adult the cystic kidneys may form two huge tumors occupying the whole abdominal cavity on each side, but made up of cysts about the size of a cherry or larger, filled with clear, or dark brown, or turbid fluid. (MacCallum) Between these cysts, which are lined with low cubical epithelium, there are scattered normal tubules and glomeruli.

In infants one may occasionally see another type of cystic dilatation of the tubules which occupies the pyramid and leads to the fusiform widening of the conducting tubules.

(References on cystic kidney 7, 12, 13, 22, 23, and 28.)

4. Congenital Absence of Both Kidneys:

Both kidneys are absent in very rare cases. This congenital malformation is accompanied by other extensive malformations in the fetus. Such conditions are, of course, incompatible with life.

(Reference 12.)

5. Ectopic Kidney:

Anomaly regarding the position of the kidney is often met with, and such conditions may be required or congenital. One or both kidneys may be concerned, and the change in either lateral or downward. A moderate deviation from the normal situation, or a freely moveable kidney, is not necessarily considered a congenital anomaly. When, however, the kidney is found fixed in the bony pelvis or across the spine, and when its blood vessels come from adjoining vessels, such as the iliacs, it is regarded as a true congenital anomaly. And such a kidney is called an ectopic kidney, or also a pelvic kidney.

As mentioned above, a total of 660 cases of renal disease were dealt with at the Mayo Clinic during a period of five years. Among these 660 cases were found 3 cases of ectopic kidney of the congenital type. The organs were fixed in the bony pelvis and the blood supply came from adjoining vessels; the iliacs.

Malformation of various genital organs accompanied the above mentioned anomalies. Various other writers also refer to the congenital pelvic kidney as being accompanied by other congenital anomalies. For example: Abell, in the Vol. of Surgery, Gynecology, and Obstetrics for 1916, reports a case of pelvic kidney in which case also occurred an absence of the vagina, absence of the uterus, uterine tubes and ovaries. Dr. Thomas in the same publication describes a case of pelvic kidney with vagina and uterus absent. Cullen similarly reports one case of right pelvic kidney with vagina, uterus, and left kidney absent. (Note: The technic for diagnosing ectopic kidney clinically may be found in references 1 and 24.)

(References on ectopic kidney 1,9,12,24.)

6. Atrophic Kidney:

In a few cases congenital atrophy of one kidney have been found. This is indicated by an atrophy of the circular muscle seen about the normal meatus where the ureter enters the bladder. The meatal construction will be slight, secretion small in amount, and seen but occasionally The other meatus will usually show a corresponding compensatory increase. Atrophy of the ureter is usually in keeping with the degree of renal atrophy. The pelvis of the atrophic kidney is rudimentary.

In the literature atrophic kidneys are rarely referred to as being congenital anomalies. But it is rather assumed that the organs become atrophic due to causes operating after birth. Among the 660 cases of renal disease observed in the Mayo Clinic, as referred to above, five cases were found in each of which one kidney was atrophied to the extent that it was infantile in size, and without apparent cause other than congenital.

(References 1 and 24.)

7. Fetal Lobulation of the Kidney:

In embryonic life the kidney is divided into lobes, bounded by the renal columns, and indicated by grooves upon the outer surface. Nor-

mally in man the grooves become obliterated during the first year of life. (In the ox similar grooves are permanent.) In man this fetal lobulation may exist during adult life and is then considered a congenital anomaly. Such kidneys are usually normal in size and in function. No figures regarding the frequency of such occurrences could be found.

(References 12, 25, 27.)

8. Supernumerary Blood Vessels to the Kidneys:

Supernumerary blood vessels to the kidneys is a condition frequently seen. This depends on the migration of the kidney from the primary inception of the organ in the Wolffian body, which was exceedingly vascular; and upon the fact that in its course of development it could tap the mesonephron at any point. Hence, on this basis, we explain the variable, abundant and not infrequent anomalous, blood supply of the kidney.

Dr. Brewer (Ref. 8) states that in his investigations of the vascular anomalies of the kidneys he was surprised at the high percentage of cases in which such anomalies existed. And he recalls one instance in which there were five distinct renal arteries to one kidney.

In about 30 per cent. of the cases there is a separate and distinct, although comparatively small, artery leading to the anterior surface of the kidney.

(References 8 and 28.)

MALFORMATIONS OF THE URETERS.

In considering congenital malformations of the ureters the embryological development of this structure must be kept in mind. Referring to the figures and to the embryological development of the ureters we must carry along the following facts: 1. The early common cloacal termination of the rudimentary genito-urinary and intestinal tract and in normal cases their subsequent complete separation. 2. The primary origin of the ureter from the Wolffian duct which in the male represents the future vas deferens, ejaculatory duct, etc. 3. The early common opening of the ureter and Wolffian duct in the embryonic bladder and their later acquisition of separate openings, at first close together, but finally far apart.

With the above facts in mind it is clear that an arrest or a failure or an imperfection of development may have to do with a ureter either opening or intended to open into the intestinal tract, into the genital tract, into the bladder, or elsewhere usually in connection with some persistent remains of the Wolffian duct.

Types of malformations of the ureters:

1. Duplication of the Ureters:

Double ureters is a condition where the ureters are double along the whole distance from the kidney to the bladder. They may be double on one side or on both sides. Double ureters occur rather frequently as may be noted from the following reports:

Records from the London Hospital in London England show that in 2456 postmortem examinations 16 cases of double ureters were revealed, or 1 to 154 per sons examined. Among these 16 cases the extraordinary feature was the large preponderance of females over males; namely 13 females to 3 males. In 2 cases the ureters were double on both sides. In seven cases they were double on the left side only, and in seven cases on the right side only. Reference 2.)

Dr. William F. Braasch upon making a close study of the records of 660 cases of renal disease found 7 cases where the two ureters occurred separate along their entire course and leading into separate meati of the bladder. The meati being separated by about 1 cm. (Ref. 1 and 24.)

Dr. Werthein makes the following statement regarding the occurrence of double ureters: In 500 operations for carcinoma of the uterus double ureters have been found in 7 cases. Of these one case occurred with double ureters on both sides; in 3 cases double ureters occurred on the left side; and in three cases on the right side. (Reference No. 6.)

In case of supernumerary ureters where the duplications are complete, and where they occur on both sides, the normal ureters will usually enter the bladder in the usual places—at the proper angles of the trigone—while the extra ureters open in a line between them and the opening of the urethra. Furthermore, radiographs show that the upper pelvis of the kidney corresponds to the ureter opening nearest to the urethra: the extra ureter. Although this is the rule, exceptions occur at times.

The following table is a brief summary of my findings relative to the double ureter:

Reference	Subjects examined	Anoma. found	Right Side	Left Side	Both Sides
Dr. Furniss Ref. No. 6	——	13	9	4	—
Huntington Ref. No. 6	5000	5	—	—	—
Dr. Brewer Ref. No. 6	150	6	—	—	—
Dr. Werthein Ref. No. 6	500	7	3	3	1
London Hospital records Ref. No. 2	2456	16	7	7	2
Dr. Braasch Refs. 1 and 24	660	7	—	—	—

(References on the double ureter: 1, 2, 3, 6, 8, 12, 24 and 25).

2. Division, or partial duplication, of the ureters:

The ureter may be divided at any part of its course. The most frequent point of division, however, is at the upper portion of the ureter where two or more branches of the ureter leave the hilum of the kidney and unite into one ureter a short distance farther down (often however) this will not be a true ureteral division, but will represent the absence of a true pelvis with the union of extended infundibula instead.) Sometimes we find division of the ureter into two branches ending in adjoining meati. This division may occur along any part of its course, more often along the lower portion. Union of two ureters arising from normally situated kidneys, and merging at about the brin of the pelvis, and entering the bladder in a single meatus, may also occur. (References 1, 11, 12.)

A total of 660 renal cases dealt with at the Mayo Clinic showed 5 cases of division of the ureter, one case of double pelvis with two separate ureters joining a short distance below the

hilum, one case of 3 ureters leaving a single large pelvis at various angles of the kidney and uniting a short distance below, 2 cases of division of a single ureter at the brim of the pelvis, and each division entering separate meati on the same side, one case of union, at the brim of the pelvis, of the two ureters arising from separate kidneys. (Reference 1.)

3. Congenital ureteral stricture:

Ureteral stricture may be congenital or acquired. The latter is less frequent, and does not come under the scope of this paper. The former, however, will be treated here. The word "stricture" will be regarded in its wide sense, meaning any narrowing of the ureter, even up to complete impermeability, sharply localized narrowings as well as those which may include the whole or any part of the structure. Only scant information can be obtained from the medical literature regarding congenital ureteral stricture. All in all, 56 cases are definitely known to be recorded in the American Medical Literature. Three of the above 56 cases were met with at the Mayo Clinic at Rochester, Minn. Of the total of 56 cases, 25 occurred in males, 16 in females. While in 15 cases, including monstrosities and pathologic specimens, no mention of sex is made.

A study of the ages at which ureteral stricture is discovered shows that the defect in some cases is immediately incompatible with life, that in others it quickly developes to the stage of incompatibilty, that in still others it remains latent in its effects until in some way infection starts up, and then again in others it may exist unsuspected during life and is found only at autopsy after death from other causes. A very striking feature is the number of cases discovered in subjects under five years of age and in those over sixty years of age; at both extremes of life.

Of the above 56 cases of ureteral stricture 45 had to do with single, and 11 with supernumerary ureters. The left ureter was affected in 27 instances, the right in 17, both ureters in 10 cases, while 2 reports fail to mention the details in regard to location.

Location and results of ureteral stricture:

In some cases a portion of the ureter is wholly fibrous, while in others the ureter may be impermeable througout, and is then represented only by a fibrous cord—a functionless ureter (Teyssedre: These de Paris, 1892, reports eleven such cases). The further development of this defect leads to the absence of the kidney and of the whole or a portion of the ureter. In the 56 cases mentioned above, 8 showed the stricture as located in the upper third of the ureter, usually at or close to the opening into the renal pelvis; and 36 cases showed the stricture close to the bladder. One case showed the stricture at both the upper and the lower ends of the same ureter; and one case showed it at the upper end of one and at the lower end of the other. One case showed alternating with and without a lumen. In the great majority of cases the ureter, if present at all, reaches the bladder and the stricture is usually in or very close to that organ.

In form the stricture varies very much. It may be represented by a sharply defined narrowing, or it may take the form of a section with a length varying from ½ to 4 inches, with a lumen constricted to the calibre of a fine probe. The stricture may be passible or impasible.

The most important, and in their effects, the most far-reaching modifications of form are seen in the obstructions at the lower end of the ureter. In these cases the ureter usually reaches the bladder and most often ends there in a blind sack. This blind sack may be just beneath the mucous lining of the bladder, it may lie in the muscular layer of the bladder wall, or it may just reach the outer wall of the bladder. If the blind end is in the muscular layer and one examines the bladder from within either there will be no trace whatever of a ureteral opening, or in its place will be found a dimple, a shallow invagination of the mucous membrane. If the blind end is just at or in the outer layer of the bladder wall there may appear just above it a localized dilatation of the ureter which takes the form of a cyst just outside of the bladder. This external pocket may be large enough to compress the bladder, crowding in the posterior wall, or in a woman it may bulge the vesicovaginal septum.

Dr. J. T. Bottomley, referred to above (Ref. 3), reports a case where the cyst was as large as a hen's egg. In some cases, however, this localized cyst-like formation does not take place, but the ureter becomes dilated from the stricture upwards throughout its entire length. In cases where the ureters end just beneath the vesical mucous membrane a cyst-like protrusion of the mucous membrane into the vesical cavity occurs. This protrusion may range from the size of a small pea to one completely filling the bladder. The ureteral opening into these pouches may be bristle-like in size or it may be an aperture 2Cm, in diameter. These pouches, or cyst-like protrusions, are accompanied by ureteral dilatation. This, of course, would be expected when we consider that usually the protrusions are blind culde-sacs without an opening into the bladder. Occasionally communications between the protrusion and the bladder cavity occur. The communications are almost invariably by minute openings at the tip or at the side of the protrusion.

The contents of the protrusion is usually a clear fluid; it may vary considerably in color in shades of brown and yellow, and sometimes a muddy or cloudy color. (Ref. 3.)

Effect of ureteral stricture on the ureters:

If the obstruction is at the lower end of the ureter is usually dilated, thin-walled, lengthened, and tortuous. It varies in size from that of a pencil to that of a small intestine. It may be lobulated, showing windings and twistings, kinks and folds, and has been described as having "the appearance of a string of sausages." In such cases the wall on section is found to be thin and to show valve-like folds, which in places narrow the lumen. This may represent a persistance of the fetal type of ureter.

Hamann (Ref. 4) finds that spindle-shaped dilatations and tortuosities of the ureter are nearly constant in the fetus, and therefore normal at this early stage. (Byron Robinson, Anat. Anz. XXIV. 482-485, notes that all mammals possess ureteral dilatations and constrictions.

which are in his opinion, heritages from the Wolffian body, enhancd by environment, as erect attitude.) J. T. Bottomley (Ref. 3) mentions an unusual case in which an enormously dilated ureter filled the whole pelvis with its distended coils which pressed on the rectum, and on the other ureter.

When there is a double ureter, the two, tho usually in the same fibrous envelop, ordinarily follow separate paths. Often the dilated abnormal ureter is found to twine about the healthy ureter. One unique case appeared in which a much dilated right ureter opened into the bladder on the left side.

Effects of ureteral stricture on the pelvis of the kidney:

Here the effects are striking; for either an enormous hydronephrosis results, or else a most marked primary atrophy may result. Hydronephrosis, however, seems to be the rule. It may appear as a slight or moderate distension of the pelvis, or it may be present as an enormous cyst filling the whole abdominal cavity, with only remnants of the true kidney tissue in the wall of the cyst. Between these extremes many intermediate grades occur. Many cases occur with a marked degree of renal atrophy—one case, at least, being found where the kidney was of the size of a bean. This may be due to secondary atrophy, but it may also be primary and congenital. Dr. Bottomley in his observations of 56 cases of ureteral constriction (Ref. 3) found several cases where in place of the kidney only a conglomeration of cysts—several separate pockets—occurred. Whether these represented primary congenital defects or were the last stage of a secondary process is not apparent. Usually the kidney on the opposite side shows only hyperemia and compensatory hypertrophy in the uncomplicated cases.

Effects of ureteral stricture on the bladder.

The cystiform protrusions of the blindly ending ureter into the bladder may cause marked secondary pathological changes in the bladder, in the other ureter, or in the other kidney. The protrusion into the bladder of a constricted supernumerary ureter may block the opening of the healthy ureter of the same side. The pocket may be so large as to block the ureteral opening of the other side. In other cases it may wholly obstruct the vesical opening of the urethra, give rise to a distended, hypertrophied bladder, and set agoing the usual sequelae of retention of urine.

(References on ureteral constriction 3, 11, 12, 25, 29.)

4. Single ureter supplying a single kidney:

A report of only one such case was found. There was only one ureteral orifice into the bladder. The trigone was distorted; there being no angle on the right side. The left kidney and the left ureter, only, were present.

(Reference 6)

5. Single ureter dividing to supply both kidneys:

As would be expected such cases are very rare. The Medical Record, January 1915, reports a single case—the only case I noted. Here both the kidneys were present, but only one ureteral opening into the bladder could be observed, and this was on the right side. After injection with callargol the radiograph showed the pelvis of the right kidney filled, and about five inches from the bladder there was an offshoot toward the left kidney, indicating the presence of this organ also.

(Reference 8.)

6. Duplication of the Renal Pelvis:

The normal renal pelvis may assume any of a great variety of shapes. The individual calyces may be so large and so situated that they resemble separate pelves, particularly so when the calyces do not unite until well beyond the hilum. When, however, there are two distinct pelves within the hilum and each has its separate calyces and ureter, the condition must be considered as an anomalous duplication of the pelves. In the 660 cases of renal disease met with at the Mayo Clinic, as referred to above, there were 8 cases of duplicated renal pelves. In 6 of these cases a division of the two halves of the kidney was externally visible, varying from a slight depression, to a distinct area of demarcation. This division was furthermore indicated, in cases of true duplication, by the fact that the individual poles of the kidney had in the main a separate blood supply. Thus for practical purposes the kidney might well be considered as made up of two distinct kidneys, which would permit of separation if necessary, W. J. Mayo has performed the bisection of three such kidneys successfully. In one case duplication of the pelvis with separate ureters was found on both sides, Fig. 6, plate 5. On the right side the two pelves were united by a narrow calyx. Usually, however, the pelves are entirely separate.

(References on the duplication of the renal pelvis 1, 2, and 24.)

MALFORMATIONS OF THE BLADDER.

1. Absence of the bladder:

This anomaly is of rare occurrence. The bladder may be very small, the urine passing almost directly into the urethra. The bladder may be separated into an upper and a lower portion by a circular constriction. It may be completely divided by a vertical septum into two lateral portions. Diverticula of the wall of the bladder are sometimes found in new-born children. Partial or complete closure of the neck of the bladder may occur. This may lead to hydronephrosis, or the urine may be discharged through the open urachus.

2. Extroversion of the bladder is one of the most frequent malformations, and may occur in either sex. It presents several varieties:

(a) The umbilicus is lower down than usual, he pubic bones are not united at the symphysis, the pelvis is wider and more shallow than normal. Between the umbilicus and pubes the abdominal wall is wanting. In its place is a projecting, ovoid mass of mucous membrane, in which may be seen the openings of the ureters. The penis is usually rudimentary; the urethra is an open fissure (epispadias) the clitoris may be separated into two halves. The ureters usually open normally; sometimes their openings are displaced or are multiple. They may also be dilated.

(b) There may be a fissure in the abdominal wall, filled up by the perfectly formed bladder.

(c) The umbilicus may be well formed, and there is a portion of abdominal wall between it and the exstrophied bladder.

(d) The external genitals and urethra may be well formed and the symphysis pubis united, while only the bladder is fissured.

(e) The genitals, urethra, and symphysis may be well formed, the bladder closed except at the upper part of its anterior wall. The bladder may be entirely or in part inverted and pushed through the opening in the abdominal wall.

3. Remains of the Urachus:

The urachus normally remains as a very small canal, 5 to 7 cm. long, with a small opening into the bladder, or entirely closed at that point. If there is a congenital obstruction to the flow of the urine through the urethra, the urachus may remain open and the urine pass through it. Or the bladder may present, even in the adult, a slender distention reaching close to the umbilicus as the result of a persistent urachus. (Reference 12.)

(References on the congenital malformations of the bladder; see especially No. 12 and also 11, 13, 14.)

MALFORMATIONS OF THE URETHRA.

The urethra may be impervious or may open at the root of the penis. The congenital opening of the urethra on the under side of the penis, or into the vagina, is known as hypospadias. If the urethra opens on the upper side of the penis we have a condition known as epispadias. (These as well as other malformations of the external genitalia fall, more properly under the reproductive organs and will therefore not be treated of here.)

The urethra may be partially obliterated, or a stricture may exist in some part of the canal.

There may be two or more openings of the urethra. Or the canal may be dislocated so as to open in the inguinal region.

A number of cases have been reported in which a valve in the urethra has led to hypertrophy of the bladder, dilatation of the ureters, and hydronephrosis.

Owing to its narrowness, its greater length and peculiar connections with the internal generative organs, the male urethra is much more liable to disease than is the urethra in the female. (References 12, 7.)

RARE AND EXCEPTIONAL CASES OF DEFORMITY IN THE URINARY ORGANS.

A few cases of rare deformities of the urinary organs are reported. These resemble one another and the following description is typical: the condition is incompatible with life—hence these are infant cases. There is a congenital absence or deficiency of the abdominal muscles. The summit of the bladder is firmly connected to the umbilical scar; the bladder thus occupies an abdominal or fetal position. The wall of the bladder is often from ¼ to½ inch thick. Its cavity is dilated. The ureters are often dilated to the size of a small intestine of an adult and remarkably tortuous. The ureters are folded upon themselves, usually this folding occurs about half way down, and the contiguous surfaces of the folds being firmly adherent to each other. The orifices of the ureters into the bladder will admit a blowpipe with ease, and they are usually not obstructed elsewhere. Usually no stricture of the urethra occurs. The kidneys may have a normal appearance viewed externally, but upon section they show inflammation.

The association in cases like the above of deficiency of the abdominal muscles with a hypertrophied bladder occupying a fetal or abdominal position, and accompanied by dilatation of the ureters, is not a mere coincidence. But the deficiency of the abdominal wall and the high position of the bladder are alike dependent on the arrest of development during intra-uterine life. In the fetus the bladder is placed on the anterior wall of the abdomen, and it is not until the pelvic cavity develops that the organ sinks from its earlier place. The hypertrophy of the bladder and the dilatation of the ureters in cases like the above we may consider as secondary malformations, appearing as a result of the deficiency of the abdominal muscles, and as a result of the high position of the bladder. The bladder, lying high —due either to its connection with the anterior wall or to its connection with the umbilical scar—is unable to contract downwards and thus to empty itself completely. In its efforts to contrast it becomes hypertrophied and dilated; urine accumulates and causes backward pressure in the ureters, and leads to their dilatation. There is usually present no obstruction to the outlet of the bladder, while, if such obstruction existed, it would account for the hypertrophy of the bladder and other deformities.

(Reference 5.)

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THE OBLIGATION OF MEDICAL ORGANIZATIONS IN PUBLIC HEALTH EDUCATION.*

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The medical profession came into being to keep people well. It did not, as commonly supposed, come into being to cure disease. Public health activities and public health education of the people can never rest for long at greater heights than the level of average human health intelligence. It follows that as this health knowledge of the average person increases the necessity immediately presses that we who compose the rank and file of the medical profession must by that very necessity become aggressively active in the attainment of greater heights else we be distanced in the march of progress and thereby forfeit our leadership. It is our bounden duty to inculcate in the minds of the people by systematic effort the progress that is being made and to impart this knowledge in the centers and outskirts of communal life.

There can be no doubt but what vast strides are being made in public health education and conservation. This progress has been so rapid that it is startling. A wonderful spirit of public interest is being manifested. Today we find the organized profession practically at a dividing of the ways. The realization is apparent that unless we become aggressively and tellingly active we will be outdistanced. The need presents—are we to continue as leaders or shall we automatically, by our inertia, our failure to meet up to public demands, relinquish our prestige and leadership and by a manifest complacency become trailers in these public health movements. The hour for deciding our future is veritably at hand.

Our past record reveals opportunities that we failed to grasp. The majority of our organized profession have been too greatly concerned with their intimate professional problems, thereby neglecting to interest themselves in progress that is being made by the public at large. True, we have been and are splendidly organized for our scientific needs, but are woefully unorganized when it comes to matters concerning our relationship with our fellow men. We have a large numerical strength but a negligible influential power. As an organization, we have neglected to cultivate and establish a public confidence. We have permitted misconstruction of our motives to go uncorrected. As an organization we play but an inconsequential role in the progress that is being recorded along the pathways of industrial, commercial and social life.

But this is not the occasion for the discussion of that feature of our organizational efforts. I cannot pass it by, however, without this comment—unless the next two years witnesses the expenditure of ninety per cent. of our official effort and energy for the solution of the problems of public health and the health education of the people together with the assumption of a decidedly manifest leadership in these matters we might as well resign ourselves here and now to the fact that as far as our medical societies are concerned, their scope and influence is limited solely to our own scientific interests and rewrite our constitutional preamble and object acordingly.

Shall we permit the solution to rest with the lay student and accept his leadership and comply with his recommendation? Are we to acquiesce to his solution and have forced upon us State medicine, compulsory health insurance, Federal control, or some similar scheme in which we will find ourselves consigned to a role of skilled or expert workmen? Or, shall we here and now determine and set forth that we, the organized profession of medicine will assume the leadership and develop this new field in such manner and by such methods as will command recognition, exhibit developmental stability and inspire a confidence that will cause all others to acknowledge our position and conform to our pronouncements and recommendations? To the attainment of that end I feel that we should pledge our allegiance and support and expend our energy. To do so we must motivate our officers, delegates, councils, societies, and members with a clear vision of the goal sought, with the need of collective co-operation, with the necessity of concerted action. There can not, must not be any division of effort or isolated groups of activity. We must, after due deliberation, determine upon a broad plan of activity that in-

*Read at Annual Congress Medical Education Licensure Hospitals and Public Health, American Medical Assn., Chicago, March 7-10, 1921.

cludes many ramifications and which correlates all existing special organizations, utilizes their influence and resources in developing the field into which we mobilize our every available force and procliam our purposes for the education of the public and thus cause individual, state, nation, employer and employe, citizen and official, student and teacher to accept and recognize our leadership in a movement that is solely concerned with their welfare.

He who has heeded the trend of events and the avenues of activity long which the public and governments have spread out in dealing with the health of the people cannot, with honesty affirm that we are needlessly concerning ourselves with problems that are of minor moment and of not sufficient importance to demand our most active consideration and effort. He who affirms that these are problems which concern only the far distant future and several generations hence knows not whereof he speaks and has remained too far aloof from the progress of his fellow men. Unless we at once and in full force take to the field and assume an aggressive role, the immediate years will witness government or lay initiative and the establishment of some form of health conservation movement in which we as physicians will receive but scant recognition and in which the aspiring, undesirable, progressive doctor will secure a governmental backed authority or position that will be repulsive and embarrassing. One need but investigate that which already exists to become awakened to the extent of such impending dominancy. Just this month the Towner Bill providing for maternal aid was before Congress. This past week I was given an inkling of what is being sought for the ex-service men of the World's War—to illustrate—our government is now providing hospital and medical care for ex-service men for any disability that was incurred in or as the result of their military service. Such claims now reach over 700,000. The lines are not closely drawn. It is now being contemplated to provide hospital and medical care for all ex-service men irrespective as to the cause or instance of their disability and also for any new acute or chronic ailment that may overtake them—this in lieu of future pensions—the government to assume as a reward for their service, the safeguarding of their health and care for whatever physical ailment that overtakes them. That means 4,000,000 government wards for whom medical and hospital care will be provided. Do you realize what that means and entails? No, it is not a wild dream for it is already receiving serious consideration. If you will but investigate you may verify this assertion. That action taken, it is but a short step to include the dependents of ex-service men which will add about twelve million more medical charges of the government and when Uncle Sam demonstrates his willingness to care for one sixth of our population we are not speculating in vague possibilities when we assert that the remaining five sixths of our population will become merged in part or as a whole with these medical beneficiaries of our National Medical Bureau or Department. It is a threatening reality.

But I must further limit my introductory observations, although one can continue far into the evening in setting forth pertinent facts and actualities that indicate a most threatening situation that surrounds our profession. I fully realize that I have but topped the crest of the waves that are churning our medical seas and by so doing, I am not presenting the force that lies behind. I attempted but to indicate their potential eventualities to better cause our members to visualize the need for thought, investigation, and concerted action.

What is the role our medical organizations must assume in the Education of the Public in Health Matters? Would that we were gifted with a prophetic vision in order that the more definite our pathway might be.

We must strive for and bring about:

a. A greater public confidence.
b. The establishment of unimpeacable motives and their recognition and acceptance by the public.
c. Governmental recognition from Washington down to every township.
d. A determination of the needs and demands of the public to conserve and enhance the health of the individual.
e. The construction of a plan of applicable efficient medical services for all our fellow men in all stations of human activity.
f. A higher type of medical practitioners.

How shall we accomplish these ends? I cannot go into details and thus perforce for this occasion generalities must suffice.

1. Taking of definite steps by this Council to enroll the undivided co-operation of all the members of the American Medical Association and its constituent units in support of such a campaign. Whatever one's individual opinion may be, I am unwilling to concede that the universal organization of the profession cannot be accomplished. On another occasion I have asserted that the profession will wholeheartedly support such a movement if it is properly pre-

sented and individual aggrandizement is obviated. I am more than ever convinced that such mobilization can be accomplished. Delay in doing so must not be permitted; immediate provision must be made to attain this within this year.

While this is being achieved coincidentally there must be witnessed:

1. A revamping of our medical courses and hospital internship requirements together with a readjustment of State Board standards and enforcement of medical practice acts.

2. Legislative activity that will manifest its influence in national and state governing bodies to obstruct conflicting and obstructive legislation that is not consistent with the policies that we seek to establish while at the same time enlightening our law makers in regard to the principles which we deem paramount in importance for the best interests of the health of this and future generations of our citizens.

3. An educational publicity campaign that will acquaint the public with complete and frank statements as to what is being done for the conservation and enhancement of their physical welfare and to refute the unwarranted claims of all others who seek to establish their false and unreliable tenents. Such a campaign to be wide in scope and which employs advertising space in the form of good will and educational advertisements, public meetings, national, state and local conferences and public discussions with allied organizations such as the dentists, druggists, United States Public Health Service, Red Cross, and the other already established valued health organizations. The issuance of a paper or magazine, daily or weekly devoted to the publishing of health news, so-called, and the educating of the public by imparting dependable and accurate information and instruction.

4. Arousing the profession to the need of better and more scientific practice, causing them to live up to the accepted and proven standards of today and thus increase their efficiency and ability to meet the demands of the public by a systematic course of post graduate work that is immediately available at their very door steps. This in the form of Regional Clinic Teams, similar or modified from the plan now pursued in Michigan by the State Medical Society.

5. Providing for sections on Public Health in our National, State and county medical organizations to which representative and local interested lay persons are eligible for membership and whose enrollment should be solicited. The direction in which such sections are to devote their activities is almost self apparent.

Thus in a very general way in which we are compelled to but enumerate do we set forth how the organized profession may assume and hold a leadership in the education of the public in health matters. The unthinking and conservative may readily construct plausible and seemingly tenable refuting objections. However, when entering upon a more detailed discussion we are certain that their contentions can readily be discredited. It all hinges upon organizational effort and the thoroughness with which it is done the surer will be the success and achievements of the movement. Five full time men under a directing head can, if they are of the proper caliber, bring this about. Financial support and means are available for the asking. It rests with this Council and the House of Delegates of the A. M. A. to determine whether or not such a plan shall be adopted. Whether or not we shall lead in such a welfare movement or let the public go ahead while we remain content to ignominiously bring up the rear and become passive participants subject to the commands of lay directors.

I am designedly omitting comment upon Compulsory Health Insurance, Community Clinics and Hospitals, Model Health bills and similar propositions that have and are being advanced as solutions for the demands that the public is making and the criticisms that are being recorded against our present medical provisions and relationship. In regard to all such proposals I am inclined to the opinion that they are only partial solutions of the problem that confronts us. That they in no way meet the full demands or needs of the people as a whole or the doctors as individuals. Their enactment and institution would be but temporizing measures which would not only delay but complicate the final attainment of a universally acceptable plan. We cannot afford to temporize. We dare not play with uncertainties. We must not heedlessly and inadvisedly court even partial failures. We certainly must not jeopardize our future by pursuit of inadequate policies and by their failure relinquish the public's confidence in our ability to point out the way and attain that which it now seeks and from whom we are receiving a call to acquit ourselves of the demands it now is making upon us.

There is nothing profound, nothing miraculous about the medical profession. It is but the result of the refinements of civilization, human progress and a human desire to be free of suffering. It differs in few measures with other undertakings in life. It can be made

what we make it. We must approach our problems with the same faith that inspires the inventor, the educator, the worker, the explorer. We must pursue a course of organized medical unity the same as organized unity has been necessary in all performances of mankind. It must be a unity that will establish and hold for all time a public confidence in our honesty and ability that will inspire health intelligence among our fellow men. By so doing we shall build for the good of all mankind.

INFANTILE DIARRHOEA.*

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The subject of infantile diarrhoea is scarcely apropos of the present season or even of our past summer. Its frequency, however, in general practice and its seriousness warrant its consideration. There are probably as many opinions on the subject as there are pediatricians and schools, while in a general way there is quite a concurrence of opinion on its main features.

Our consideration here is directed toward the infantile diarrhoeas as of the fermentative type and infectious type omitting those of a purely nervous and mechanical origin and those occurring as a symptom of meningitis, otitis media and what not.

The terms fermentative and infectuous are scarcely differentiating and defining terms in themselves, for in each case micro-organisms and bacteria are operative agents. By the fermentative we think broadly of those diarrhoeal conditions in which there is an abnormal growth and activity of micro-organisms on the intestinal contents. This implies an abnormal food decomposition with the formation of toxic and irritating end products which irritate the intestinal mucosa, aggravate peristalsis and cause a diarrhoea. The offending organisms in the fermentative diarrhoea need not be abnormal ones or ones foreign to the intestinal tract. This form of diarrhoea is the more common one seen.

By infectious diarrhoea we mean those cases where there has been a distinct invasion of the intestinal wall itself and where distinct pathological lesions have been established. In these cases the intestinal contents become a secondary rather than a primary operative agent, as was the case in the fermentative type. As conditions of this type, we have the cases of ileocolitis, entero-colitis, dysentery, etc.

*Read before the Bay County Medical Society. Bay City, Mich., October 11, 1920.

Considered etiologically from the standpoint of micro-organisms, either type of diarrhoea would suggest a rather intimate knowledge of the intestinal flora and bacteriology of the stools but unfortunately our knowledge along these lines seems quite limited, especially as regards very conclusive evidence regarding any specificity that might be attached to the various organisms. We know at least that in the fermentative diarrhoea the colon and lactic acid bacilli play an active part in the etiology. In the infectious diarrhoea our knowledge regarding causative organisms is more complete for here we find the dysentery bacillus, the gas bacillus and the streptococcus as the greatest offenders, while occasionally the colon bacillus, the bacillus pyocyaneous and others may play a part. We consider the bacillus of dysentery and the streptococcus together, for the treatment in such cases is the same as we shall see later; and then the gas bacillus group, for which the treatment is different.

Aside from the causative organisms, we attribute a big etiological factor to the summer season but this is a more indirect influence than is probably always realized. The warm weather, on account of its depressing effect, lowers the individual's resistance and permits a more effective operation on the part of the micro-organisms. Then, too, the chances of introducing a more virulent and prolific strain of micro-organism are enhanced by the warm weather when infants' food, either within or without the body, furnishes more favorable culture media than it would in cooler weather. Thus it can be readily understood that the so-called "summer diarrhoea," which is in reality the fermentative type, occurs in the summer months and is rarely seen in the cooler months of the year.

In this type the patient will show little or no tissue pathology and, aside from a slight injection of the intestinal mucosa, there are apt to be no lesions whatever. Secondary and complicating infections may and often do arise elsewhere in the body, but these are the result of the body's debilitated state and not of any direct bacterial extension since the organisms do not enter the tissues or the blood stream. The activity is almost wholly limited to the intestinal contents where the carbohydrate elements are attacked with the formation of low acids, namely, formic, acetic, butyric and succinic, and usually some formaldehyde. These products produce the intestinal irritation, increase peristalsis, hinder food absorbtion and develop a state of acidosis.

In the infectuous diarrhoea the picture is dif-

ferent. Here the organisms as primary invaders enter the tissues and they become the seat of activity in contrast to the intestinal contents in the fermentative type. These cases, infectuous ones, show a distinct intestinal pathology. This may consist of a hyperplasia of Peyer's patches, a catarrhal condition of the intestinal mucosa, a psuedomembrane or even distinct intestinal ulcers. These are the cases of ileo, colitis, entro-colitis, etc.

The fermentative diarrhoea is apt to be confounded with but two conditions, a simply indigestion or a mild infectuous case. The differentiation should not be difficult as we shall see later. A typical fermentative case is an acute one with an early hyperpyrexia of 104 to 105 degrees, depending on the degree of intestinal absorption. This temperature rarely lasts more than three to four days but a moderate elevation may persist, depending on the severity. The appetite is usually impaired, vomiting is very unusual, there is frequently abdominal distention and invariably a loss of weight. The stools are the tell-tale of the condition and they obviously depend on the predominating food elements concerned in the intestinal process. There are two distinct types of stools in fermentative diarrhoea—one of a carbohydrate activity and one of a protein. When the activity is on carbohydrates, the stools are green, acid in reaction and irritating. There may be and usually are some fat curds, there is very little mucous and no blood. This is the common form of fermentative diarrhoea.

When, however, the activity is proteolytic, the stools are yellow or brownish, alkaline in reaction and very foul. They rarely show fat curds or mucus and never blood. Occasionally these stools have a musty odor.

The border line between simple indigestion and fermentative diarrhoea is an arbitrary one. The differentiation is made on the severity of the symptoms and the existing evidences of fermentation noted above. Broadly speaking, the constitutional symptoms are more severe, the temperature higher and the toxic absorption greater in the fermentative condition.

The differentiation between a fermentative and an infectuous diarrhoea will be obvious after a consideration of the latter condition. In it we are again dealing with an acute condition of abrupt onset with rarely any premonitory symptoms although ones of simple indigestion may precede. There is a hyperpyrexia usually of 100 to 102 degrees, lower than the temperature of the fermentative type, you will recall, but of longer duration and with no tendency to fall but to continue throughout the active course of the disease. Blood and mucus appear early in the stools, with microscopic pus from the outset soon becoming macroscopic. There is an excessive number of stools, 10 to 15 daily, usually alkaline in reaction. Vomiting rarely occurs and anorexia is a constant symptom. The abdomen is usually depressed and there is always to be expected a degree of toxic absorption.

This diarrhoea, when accompanied with symptoms of cerebral irritation, must often be differentiated from a meningitis. A lumbar uncture will decide the issue at once.

Probably the most difficult differential is that of infectuous diarrhoea and intussusception. The latter, as you know, has an onset ushered in with abdominal pain and distention, blood appearing later in the attack, little or no loss of weight, the earlier appearance of shock and the palpation of a tumor either through the abdominal wall or preferably per rectum and usually at the ileo-caecal junction.

The prognosis in either a bad fermentative or infectuous diarrhoea case should be guarded. However, if a child survives the first three or four days of a fermentative diarrhoea, its chances are good for an ultimate recovery. Those cases where the food preponderance is carbohydrate also give a better prognosis. In the infectuous cases death usually occurs during the second week. The serious complications in either form of diarrhoea are toxic absorption and acidosis and it is these that call for heroic and active therapeutic measures.

The treatment of these diarrhoeas resolves itself into three forms, viz.:

1. Drug.
2. Dietetic measures.
3. Other means.

The drug treatment is not mentioned first on account of its relative importance for, if such were the case, it would be taken up last. It would, however, be a fallacy to leave the impression that drugs are of no avail in these conditions, nevertheless their value is often overestimated as in the fermentative type where a baby rarely needs any drug.

An initial purgative, castor oil or calomel, is usually indicated in every case. Where, however, the darrhoea has been thoroughly established, this is scarcely needed since an irritated bowel will effectually empty itself.

The intestinal antiseptics can scarcely be condoned for any one sufficiently active to kill the intestinal organisms will likewise very efficiently kill the baby. Furthermore, such drugs are not selective in their actions and they would

destroy not only the invading micro-organisms but the antagonists as well.

Bismuth salts may allay the acute symptoms but a judicious use must be made of even these ordinarily harmless agents. They obscure the stool picture and interfere with intelligent feeding. Their administration in cases where the intestinal tract is not thoroughly emptied is decidedly contraindicated since it facilitates the absorption of toxic products and an extreme degree of acid intoxication favored. When used, the subcarbonate is preferable to the subnitrate to avoid nitrate poisoning, several cases of which are reported. Bismuth has a more apt indication in the infectuous type than in the fermentatime.

Theoretically opium is contraindicated on account of its effect on peristalsis and there is probably too great a willingness to use it when often hydrotherapy might do, that is, in cases of abdominal pain and tenesmus. In severe cases, however, opium in the form of paragoric or Dover's Powders serves a useful purpose.

The use of 2 per cent. silver solutions in rectal and colonic irrigations is helpful in persistent cases of the infectuous type but if ineffectual after two to three days, they should be discarded on account of their irritative effects.

Chloral and bromide are very useful in cases of extreme restlessness. Infants have a high tolerance for these drugs whose effects are usually marked and beneficial.

Symptoms of collapse and shock call for their ordinary stimulative treatment and for these infantile patients there are no better drugs than caffeine—sodium—benzoate, camphor and strychinine.

As yet no efficient sera have been marketed for use even in infectuous cases.

Probably the most important type of treatment in any of the diarrhoea cases is the dietary and since this varies so with each type of case, they will require separate discussion. They agree in that every acute case of diarrhoea should have a 12 to 24 hour starvation period. Infants can stand starvation well provided the body fluids are maintained. The length of starvation must, however, be guarded in those cases where the bacterial activity is proteolytic for the intestinal secretions are protein and with a prolonged starvation period these secretions would furnish favorable culture media for bacterial activity, the condition to be avioded.

Obviously a change of food means a change of intestinal media and a change in micro-organisms, and this is desired result. In the fermentative diarrhoea with green, acid, irritating stools, the carbo-hydrate activity is evident. It is reasonable, therefore, to give a milk low in sugar to arrest the fermentation. If with this a high protein food can be included, much will be gained since the end products of protein digestion are alkaline and the intestinal acid condition will tend to be neutralized. Diets of choice in such cases would be skimmed milk mixtures, albumen milks or buttermilk. The protein formula of Finkelstein being originally 2.5 per cent. fat, 1.5 per cent. sugar, 3 per cent. protein, and the marketed albumen milks having practically the same formula, would be desired diets. Where, on the other hand, in fermentative diarrhoea, we have yellow, alkaline, foul smelling stools, the activity is proteolytic and the protein medium should be changed. Such cases do well often times on cream mixtures with relative high fat and carbohydrate percentages. Fortunately, however, these protein cases are relatively rare.

The dietary procedures in infectuous diarrhoea are somewhat different and are determined primarily by the type of micro-organism concerned in the condition, and not by the food elements of the diet. For sake of determining treatment we establish the offending organisms in two groups: the dysentery bacillus and streptococcus in the one and the gas bacillus in the other. The dysentery bacillus seems to be far more prevalent as a causative agent than any of the other bacteria. This and the other organisms of this group thrive well on either a carbohydrate or protein diet, but from the carbohydrates, which they attack and utilize first, they produce harmless products, whereas, from a protein medium, the end products—largely low grade acids—are exceedingly toxic and irritating. Iu such a case, with the prevailing organism the dysentery bacillus, the outline of treatment from a dietary standpoint suggests itself, viz., a relatively high carbohydrate diet to furnish a constant medium of that type and encourage the production of inert end products and delay or prevent the bacterial action on the protein contents. This type of case illustrates the deleterious effects apt to be produced by a too long withholding of food or protracted starvation period.

In such a procedure the intestinal secretions only remain as a medium and since these are albumunous in character the development of undesirable products would be facilitated.

A desired form of carbohydrate in such cases is one slowly broken down—thereby maintaining a carbohydrate medium over a longer time with a minimum of food to be digested. Lactose which most effectually serves this function and given in 4 to 7 per cent. solution will remain in

the intestinal tract longer. This solution will suffice for the first day's feeding to be augmented the following day with about 1 per cent. barley starch and the third day to have added about one-half strength skimmed milk and so on.

The foregoing is not intended to create the impression that protein should be withheld entirely—for this element is necessary for growth and to prevent the wasting of body proteins but it should be held to percentages well below the carbohydrate content of the food; it has been determined that from .5 per cent to 1.25 per cent. protein is sufficient to maintain the balance of metabolism.

Colonic irrigations of sugar solutions are scarcely worth their effort since the amount absorbed is only a minimum.

Now we shall consider the gas bacillus type. This organism thrives on a carbohydrate medium and where there is little or no lactic acid present—the presence of actic acid or organisms producing it immediately inhibits the growth of the gas bacillus. Such cases are an indication for the lactic acid or buttermilk mixtures, a typical buttermilk mixture containing about .5 per cent. fat, 10.25 per cent. sugar and 3.5 per cent protein. Here the caloric requirements are readily satisfied and the relative percentages the ones to be desired.

The question now arises as to the methods of determining with which group of organisms we are concerned in a given case. Bacteriological methods readily solve the problem but unfortunately these are scarcely always practical in private practice. However, the vast majority of infectuous cases are of the dysentery type and, if by any means we can eliminate the gas bacillus, this point is verified. Fortunately the gas bacillus test is comparatively simple, consisting merely of boiling for three (3) minutes a portion of the stool in a test tube of milk, corking the test tube and incubating for 24 hours. If the gas bacillus be present the casein will be coagulated and full of holes and with a smell of rancid butter due to the butyric acid formation.

Probably the most practical means of determining the type of organism, tho highly unscientific, is to try the carbohydrate feeding of the dysentery type; if the baby "blows up," so to speak, becoming sicker and with greater hyperpyrexia, it is safe to assume that the other type of treatment is indicated and the dysentery bacillus in that case is eliminated.

Of almost equal importance with the dietetic treatment is the treatment composed of means other than dietetic or drug in these diarrhoeal conditions. These measures, as we shall see, are directed more toward the distressing complications which invariably arise to a greater or less extent in practically every case of diarrhoea. I do not refer to the hydrotherapeutic measures indicated in the hyperpyrexia, or the cool colonic irrigations for the same symptom, although these measures are included among those of this class and serve a very definite and desired purpose. I refer to the treatment of dehydration, intoxication and acidosis of these diarrhoeal conditions.

The advantages derived from the treatment of these conditions, to be outlined later, will be best appreciated when we consider what has been taking place in the body of the young patient. There has obviously been a rapid depletion of the body fluids—mechanically, thru the rapid and frequent evacuation of the bowels, and by the process of osmosis to to a change in the relative tonicities of the blood and tissues and intestinal tract.

Furthermore, the direct bacterial invasion of the tissues, in the infectuous diarrhoea, causes a rapid loss in the tissue glycogen of the body.

The development of acid products causes either a real or relative acidosis with a depletion of the alkali reserve of the blood and thus further organic damage to the patient. Aside from the objective symptoms of acidosis; viz.: stupor, acetonuria and air hunger, the degree of the condition can now be accurately determined, even in infants, by a determination of the carbon dioxide tension of the alveolar air. (The method and work of Howland & Mariott)

In a general way it is a counterbalancing of the three foregoing conditions which demand heroic and active treatment, viz.:

1. Supplying fluid.
2. Re-establishing the body glycogen.
3. The neutralizing of the acidosis and establishment of the alkali reserve of the blood.

The methods of supplying fluids to the patient are comparatively many. The infant should have as much fluid in quantity as totals its ordinary amount of daily food. The giving of fluids by mouth at comparatively short intervals in many cases provides the necessary amount. However, in those nervous and irritated cases with marked gastric irritability the retention of fluids by mouth is almost impossible due to obstinate vomiting.

The rectal instillations are often effective but the already irritated rectum and bowel is frequently more ready to expell than to retain, but even at their best the enteroclyses and proctoclyses are scarcely able to supply the needed amount of fluid.

The hypodermoclysis by supplying fluid under the skin is much in vogue and, in spite of its quite marked disadvantage, viz., that it allows only limited amounts of fluid to be given, especially in children, it is painful and the absorption relatively slow.

For most cases the above methods will suffice but in the extreme case even more energetic methods are necessary and in this connection the intraperitoneal method of giving fluids evolved by Dr. Blackfan, of Baltimore, some few years ago serves a most useful purpose. This method is rapidly acquiring a wide use and the striking advantages warrant such a use. By this method of introducing fluids, usually normal salt solution, directly into the peritoneal cavity a relatively large amount, from 150 c.c in the smallest infant, to 700 c.c. in the larger ones, can be given. The procedure entails only a minimum amount of pain, permits of rapid absorption and can be repeated in from eight to twelve hours. The technic is simple—being scarcely different from that of hypodermoclysis. The disadvantages are more apparent than real and anticipating a suggestion of peritoneal infection, I might say that in a recent series of 100 unselected cases at the Children's Hospital of Philadelphia, in which I had an opportunity to observe this method closely, there was not one case of peritoneal infection. A large number of cases were nearly moribund when first seen and of about a dozen such cases brought to the autopsy table none showed even any injection of the peritoneal or intestinal vessels. This method is especially favored in most cases by the dehydrated and sunken condition of the abdominal wall. The fluid amount and frequency of injection being limited only by the amount of abdominal distention. These methods are directed toward the control of body fluids and to combat the dehydration.

Regarding the restoration of tissue and blood glycogen, the treatment offers one course effective and that is the intravenous injection of glucose, a 2 per cent. solution usually being used. The question of intravenous injections in infants is no simple matter if considered in the light of such a procedure in adults. The infant's veins can scarcely be called accessible with ease. Here again the methods would seem heroic and energetic for the only practicable accessible mode for intravenous work in infants is the longitudinal sinus through the anterior fontanelle. This procedure in the bad diarrhoeal cases is now becoming routine since this route is much in vogue for antimeningococcic sera injections and in the arsenical preparations for syphilis.

Both the foregoing procedures will in part influence any existing acidosis but some more direct applications are necessary for the establishment of the alkali reserve of the blood and the neutralizing of the acid products. Sodium bicarbonate solutions have been widely used in this connection, usually being given by mouth or rectum. These routes are scarcely available in many cases and even when they are, the effects of the soda are not always as desired. The intravenous and subcutaneous injections have proven more effective in these cases. The production of sterile sodium bicarbonate has presented no small problem in general practice. Many men, to their sorrow, have sterilized their sodium bicarbonate solutions by boiling for subcutaneous injections and have produced a widespread and severe slough about the area. The cause of this is obvious since the boiling produced sodium carbonate which is extremely irritating. In institutional work the preparation of sodium carbonate in this way is done and then CO_2 gas is passed through the sterile solution reconverting it into the sodium bicarbonate. Since this treatment by intravenous or subcutaneous soda is indicated in only the rare and extreme cases, I have found that in general work the preparation of sodium bicarbonate solution with sterile water and a chemically pure sodium bicarbonate removed from a new package with a sterile spatula is justified and in a series of personal cases no infection was developed by such a method.

This in a general way concludes the subject of infantile diarrhoea as we usually see them.

In conclusion I should like to make it clear that I am not making a plea for the universal use of interperitoneal salt solution or of employing the route of the longitudinal sinus for glucose injections in all diarrhoeal cases, but in the light of recent investigations, the methods are, on the basis of their therapeutic value, justified in the severe cases. The mild cases seem to recover by any logical treatment and apparently from many instances of illogical procedures but, after all, it is the severe case which creates our mortality and any therapeutic measure is commendable which lowers our infant mortality.

SYMPOSIUM ON COMPULSORY HEALTH INSURANCE AND ALLIED DANGERS.*

Dr. J. J. A. O'Reilly of Brooklyn, New York, Representing The Chicago Medical Society, Mr. S. C. Henry of Chicago, The American Association of Retail Druggists, Dr. Don M. Gallie for The Illinois Dental Society at Chicago, February 23, 1921.

Thanks to the President of the Chicago Medical Society, the Chicago Dental Society, and the Retail Druggists Association, it is my privilege to introduce to you the fighting Doctor from Brooklyn—the Patrick Henry of the American medical profession, Dr. John J. O'Reilly. (Prolonged applause).

Dr. O'Reilly: I want to thank the Chairman for his kind words, but they don't all belong to me: A part of them belong to the inspiration which prompted me to study medicine because of my profound reverence for its tenets and the men who live them.

I have been extremely anxious to meet the people out here in Illinois, of the medical fraternity particularly, because of the great part they took at New Orleans in that magnificent coup last April which put the American Medical Association squarely on record against compulsory health insurance, State or Nationally controlled, and rebuked the effort of some of the medical prominents to subordinate the organization to the purposes of the American Association for Labor Legislation, to the intense chagrin of the executives of that Association, who counted upon the statistical craft of Isaac Max Rubinow, aided and abetted by the president and some of his colleagues, to make the American Medical Association the pawn of the American Association for Labor Legislation, to the confusion of medical practitioners all over this country who had been exposing the viciousness and fighting the enactment of that social menace.

That this defeat is not regarded as final may be gathered from the contemptuous regard in which the resolution of the American Medical Association was held by one of the campaigners for the American Association for Labor Legislation at Kalamazoo, Mich., on May 20, 1920; they expect considerably better luck next time, and that puts us on notice that our lines of defense and offense must be strengthened against the 1921 meeting when—although I am not a prophet nor the son of a prophet, I can tell you that Compulsory Health Insurance will be played pianissimo, while State Medicine (Health Centers), National Socialization of Medicine, and Medical Practice (re-registration) Acts will come out fortissimo.

I was very much interested to learn from your Chairman, Dr. Ochsner, that twenty-five years ago in the State of Illinois a governorship was lost and won because the men and women of medicine went to the people with the facts and the people loved and knew and trusted their agencies of healing. "What men have done, men may do," but you and I must keep constantly before our minds some certain facts:

That twenty-five years ago there was no acute reconstruction period made necessary by the kultured madness of the paranoiac of Postdam.

Twenty-five years ago there were no pre-war pacifists, no war time obstructionists and no post-war Apostles of Unrest, organized under the banner of "uplift," parading under the cloak of the "Brotherhood of Man" and singing a hymn of "Welfare" as a means of putting across vicious public health legislation for the benefit of the "Something for Nothing Lads," at the expense of an over-burdened, tax-paying public, and in accord with the plans of the "Worshippers at the shrine of Something else than Americanism" who have flowed to our shores from the sewers of Europe for the past twenty years and whose high priests are found among the magazine, university, gutter and parlor anti-Americans and Americans—but, who are in sympathy with the doctrines of the Third Internationale and out of sympathy with the Institutions and traditions of this glorious Nation of ours, for which the men and women of all generations have given their lives.

Twenty-five years ago officership in County, State and National Medical Societies and professorship in Medical Universities was accepted in humility and exercised in profound good faith to the rank and file and the people whom they serve. Today, in far too many instances, medical prominents are elected to office by hero-worshipping medical Babes-in-the-Woods, and they promptly compromise their high office in exchange for a little flattery or the promise of some place of distinction or power, in this 'commission' or that 'bureau,' or the hope of a secretaryship in the Cabinet, as head of a Department of Public Health and Welfare designed for the politicalization of every agency of healing, down to the horse which draws the ambulance, and the cattelization of the people we serve into the card indexed units of Europe.

Twenty-five years ago the moneyed "Foundations" were just beginning to function and just beginning to realize the potentiality of the State as an employment agency for the proteges and graduates of their Schools of Sociology, Philanthropy and Psychology, then in course of endowment.

Twenty-five years ago there was no American Association for "Lucrative" Legislation to exploit these bills prepared ostensibly, for the betterment of the "Poor, dear Workingmen," but really designed for his political control.

Twenty-five years ago a Professor of Political Economy, even though also a Senator of the great State of New York, would not dream of telling an audience of domestic economists, otherwise known as the Ultimate Consumers, that the cost of what he termed "this wise social experiment," the Compulsory Health Insurance, would be "distributed in increased efficiency and good will." He would have been sufficiently scientific to know and sufficiently honest to say—what the 'Man in the Street' knows—that the employer's share of that cost would be added to his 'over-

*Held at Chicago Medical Society Joint Meeting of doctors, dentists and druggists.

*Reprinted from April, 1921, Number of Illinois Medical Journal.

head' and appear as part of the increased cost of his product, and that this share as well as the employee's share would come out of the pocket of the Ultimate Consumer—that selfsame workingman—the Goat!

Twenty-five years ago a Governor of the great State of New Jersey would not dream of promising the medical leaders in his State, (and break that promise for a few wet votes) that he would not sign a Chiropractic Bill which would empower inadequately equipped men and women to tamper with the life and welfare of the people of the State. Neither would a Legislature seriously consider a Chiropractic Bill, as New York did when it passed the 1920 Bill, which was promptly vetoed by the Governor, because it made it necessary for a man, in order to practice Chiropractic, to have been a criminal under the law for one year,—Chiropractics under the existing Medical Practice Act being misdemeanants.

Twenty-five years ago men and women of intellectual attainments would have realized that their exceptional opportunities and special knowledge imposed upon them the duty of great good faith to their less fortunate fellows, and proponents would not dare promulgate and leaders of medicine would not dare endorse propaganda for a Medical Practicel Ac which held that,

> "by the annual re-registration of doctors, upon presentation of their credentials and a photograph (not thumb prints,—yet) and a two dollar bill, subject to the discretion of a Re-registration Board, a correct census of the agencies of healing could be secured and the illegal and unlawful practitioners of medicine located, and their punishment insured by the transfer of the prosecution from the District Attorneys of Counties to the Attorney-General of the State,"

because those intellectual men and women would have known and would have admitted that you, and we in New York and other States, need another State Medical Census just as much as a fish needs a bathing suit (laughter). And, they would have known, or they would have known where to find out, that the fundamental laws of every State in the Union empower the Attorney General, for cause, to designate a special Deputy Attorney General to supersede a faithless or incompetent District Attorney in any County in any case in which the State, as such, is a party in interest.

Twenty-five years ago and now, self-respecting red-blooded American men and women would resent being paternalized and stigmatized as weaklings who would require that

> "A health center be established and maintained in every agricultural center in order to bring the boys back to the farm, or keep the boys down on the farm," even though such a law might satisfy a Vaughan of Michigan to "remain a proletarian to the end of the chapter."

Twenty-five years ago there would have been found some medical men sufficiently wide-awake and experienced to have looked for and found a section of the "Health Center" bill, (Section No. 20 D), which makes that proposition available in the big cities—where the Velvet is!

Twenty-five years ago, and now, the American people that you and I love and serve would have a right to expect that their agencies of healing would measure up to their Civic responsibilities. From the most distinguished doctor in the Nation to the humblest practitioner in the backwoods, from the most successful manufacturer of Medical, Dental and Surgical Supplies to the struggling tyro in Dentistry, or the assistant clerk in the village drug store, from the President of a Medical University to the most timid freshman —Doctors, Dentists, Druggists, Nurses, Surgeons, specialists, all, men and women of high and low degree in the professions which have to do with the rapid restoration of the sick to health and usefulness, must know and must make their people know and understand that the practice of medicine is something more than the writing of prescriptions and the healing of hurts: That the solemn, sacred duty of protecting the public from disease and death is inseparable from the duty of protecting Society and the State from social disease and degeneration and from political disease and waste through vicious Public Health Legislation, in whatever guise it may appear. (Applause).

We dare not plead ignorance because as intellectuals it is our duty to learn and to know. We dare not plead impotence, because by the very nature and character of our education we are the best qualified teachers in Society, and by reason of the intimacy and sanctity of our relations with our patients we are the most forceful teachers of Society. We dare not plead lack of opportunity, because it is ours to make opportunity wait upon exigency, and to go to the people with the facts, in their homes and on the streets, in public halls and in the lay press of the country, by exhortation and in debate, that they may learn and know and decide between theory and fact, between truth and falsity, between economy and waste, between right and wrong. We dare not wrap the mantle of professional dignity and scientific absorption around us and hold aloof from Civics and Politics lest our stilted code of ethics and false pride should work irremediable harm to the families we cherish, the people we serve, the Order we venerate, the State we love and the Nation it is our duty to sustain. We must go to the people with the facts and put it up to them to decide whether the salutary work of State Medicine shall be extended beyond the safeguarding of the people from epidemic disease from within and without; the protection of the food, fuel and water supply to the individual; the removal of noxious material from the places of habitation; the protection of men, women and children from avoidable accidents to life and limb; the more generous care of the insane, mental defectives and epileptics; the safeguarding and comfort of children of school age,—and State Medicine, through a scheme for the socialization of medicine made to embrace the conversion of the people of the State into cattle-ized card in-

dexed units, and their agencies of healing into impersonalized medical cogs in a huge political machine, and the people's right of free choice of who shall stand between them and death when disease enters the home, restricted or denied.

It is for us to warn and the people to decide whether the workmen of this country shall be set apart as a separate and dependent class whose domestic privacy, self-reliance and self-respect shall be subjected to official and officious invasion and violation by busy-body social surveyors under a Compulsory Health Insurance Act, or a State Medicine (Health Center) Act, or a Maternity and Birth Control Act, the Directors-General of which will be the false doctrinaires, the professional philanthropists and the political patronagists, and the moneyed foundations, under whose tutelage these "uplifters" exploit the mis-called "Welfare" measures with which the legislatures of the states and Nation have been flooded for the past several years

It is for us to warn and the people to decide whether there shall be taken from the American Workman not less than 13.6 cents of every dollar he earns, be that earning what it may, for the creation of a huge political machine for the collection, distribution and absorption, in Illinois, for instance, of $195,639,480.00 per annum of which only 47.46 per cent. (less than one-half) will return to this same "poor, dear workingman" —the same 'Goat'—as cash, maternity and funeral benefits and health service and supplies, while 50 per cent., more than ninety-five millions of dollars, ($97,819,740.00) will be taken away from his custody and control, ostensibly for maintaining and providing for Reserve and Guaranty, against the day of epidemic and catastrophe, but under cleverly conceived and well phrased sections of the Bill actually made available for the creation of an army of lecturers, social surveyors, field inspectors, sob-statisticians, etc., etc., for the dissemination of what those worthies may choose to regard as Preventive Medicine, of which you may be sure birth control will not be the least.

It is for us to warn and the people to decide whether the propoganda of the American Association for Labor Legislation, the Women's Trade Union League—(you know that in Chicago)—the New York League for Women Voters, the New York Consumer's League, the New York Federation of Labor and the Y. W. C. A. —which has become so honeycombed with radicalism in New York (I don't know how it is here) that decent, self-respecting women have to quit,—is the truth or a lie when they offer the average American workman Compulsory Health Insurance for a premium of twenty-four cents per week per employer and employee ($24.96) per annum), or 4.5 cents of every dollar earned, be that earning what it may; whether that propaganda shall prevail over the conservative views of such organizations as the American Federation of Labor, the Brotherhood of Locomotive Engineers, and the United Textile Workers of America, who say that the scheme is wasteful of the money and man power of the State, destructive of morale, and an effort to secure control of the workingmen through their most precious possession—health, and that it threatens the security of the American workingman by denying him economic independence, penalizing him by deprivation of benefits should sickness occur during a strike or a lockout (or, as they call it in New York, a "vacation"), under cleverly prepared sections which treat of "Extension of benefits when unemployment is not due to sickness:" Whether, in fact, the views of these seriously minded groups of labor men serve to fortify the humble efforts of the people's agencies of healing to bring home to them the menace of a "Welfare" which pauperizes,—a state in which "Uplift" is king, and waste its prime minister.

It is for us to warn and the people to decide from the simple rules of addition, substraction, multiplication and division, and simple proportion, applied to that $24.96 propaganda premium for the "average man" how it would be possible to furnish the statutory cash, maternity and funeral benefits—how will it be possible for this $24.96 to supply the $11.06 cash benefits for the "average man?" Now I want you to understand what this "average man" is so you will understand why I say that there are four kinds of liars —ordinary liars, (please pardon me, ladies) damned liars, some expert witnesses and nearly all statisticians. (Laughter and applause). A statistician can make thirty cents look like a dollar and a dollar look like thirty cents if you give him pencil and paper enough, and an "urge" —and a salary commensurate therewith. (Laughter). Now that average man is the most delightful thing the statistician has ever met! They say the "average man" loses nine days per year from illness. He earns $2.00 per day—(I've been looking for that $2.00 a day man to shake my furnace)—and that means $18.00 wage loss per "average man;" "That means in the State of Illinois some $54,000,000.00!" Then you open your mouth in a gasp and while your mouth is open they jam this down your throat:

> "We will change all that—the people are spending their money now for health service and supplies, but they are making a mess of it, poor fish! We, the 'kultured' ones, we, the advance agents of the Brotherhood of Man, we with the 'urge' for uplift of the poor, dear, workingmen, will take this out of their hands (and out of their pockets) and through this 'wise social experiment' called Compulsory Health Insurance, we will indemnify him for his wage loss and we will vouchsafe him the care of our gangs of impersonalied, panelized physicians in the charge of a foreman bossing each 'gang,' as 'medical officers' in charge of "Funds" of five thousand persons. We will so distribute the calamity of sickness that it will fall upon the just and the unjust, reduce the days lost per year from sickness, and we will make sickness as if it never was. (There will be 618 such funds in the State of Illinois!): Why, these "poetic doctors" of yours must be supersensitive in their pocketbook nerve,

or they would cooperate, or at least compromise with us in our glorious altruism. Behold how some of your leaders in the County and State societies in New York, Indiana, Michigan, and elsewhere,—Aye! even in the A. M. A., the Lamberts, the Vaughans, the Cabots, the Commons, and the like, have fallen for our propaganda! Surely these are honorable men!

Well—Anthony said Brutus was an honorable man, but he knifed his Ceasar just the same; von Bernstorff said the wood cutter of Amerongen was an honorable man, but he sacked Louvain, and he sank the Lusitania; Lovejoy said Debs was an honorable man, but he sought to betray the country that gave him sanctuary. "By their fruit ye shall know them." (Applause).

How will it be possible to put aside as Reserve and Guaranty $12.48, in accordance with the general insurance law requirements, against the emergencies of epidemic or catastrophe, and with the rest, residue and remainder (of $1.42) pay an irreducible minimum administration cost of $1.91 —(there is a deficit of 49c already you see)— and also pay the "mean average cost per person per year for health service and supplies," $24.74, for the sickness year of that average man, which the statisticians say is 9 days. It simply cannot be done. A conservative economic premium which would meet the necessitous expense for health service and supplies, $24.74, provide the statutory cash, maternity and funeral benefits, amounting to $11.06, pay the irreducible minimum administration cost, $1.91, and maintain a reserve and guaranty of 50 per cent. of the premium, $37.71, would be not less than $75.42 per "average man" per year, or 13.6c of every dollar earned, be that earning what it may.

You must bear this in mind, and you must impress it upon your people, that whether the average allocation per person per year for health service and supplies is maintained at the mean of $24.74 (which is conservatively calculated on the basis of the 1919 report of the U. S. Bureau of Labor Statistics), or raised to the alluring bait-point of $2.50 per visit which was offered by the American Association for Labor Legislation before the State Medical Society of Michigan at Kalamazoo, May 20, 1920, there would still remain the political domination of all the agencies of healing, the destruction of professional morale, the abolition of free choice, the substitution of quantity medicine for quality medicine, of time service for heart service, the conversion of the sick citizen into a "thing" and his doctor into an impersonalized, penalized, cog in a huge political machine, or into a man without a profession if he refuses to submit to such panelization, as I will show you later.

It is for us to warn and the people to decide whether they shall tolerate writing this unscrupulous scheme into the body politic and whether, if they do tolerate it, they are prepared to be a party to the deception of the working man and when the bill becomes the law to jump his premium to the minimum economic point of $75.42 per "average man,"—which means 13.6c of every dollar earned—or whether they will "pass the buck" of his deficit of $50.46 to the taxpaying public,—the Goat, bearing in mind that this deficit for the 2,594,000 estimated working men in the State of Illinois, for example, would be $130,893,240.00 per annum and the reserve and guaranty—God save the mark, would be $97,819,740.00, which constitutes a rather juicy melon for the professional philanthropists and the political patronagists to cut, under that section which makes it available to teach the "poor, dear working man" and his employer how to make the "calamity of sickness" as it never was. We must bear in mind also that the inevitability of this deficit and an open door for an annual deficit bill is recognized and provided for by section 11 or Article II of every compulsory health insurance bill that has ever been presented to any legislature in any state in the country.

Well, again, in the State of New York there are five old-line insurance companies doing a health and accident insurance business who will offer you and me and every other man the same total amount of cash benefits, $11.06, per "average man" for an average premium of $20.74, and then you go out and freely choose your own beloved doctor, and pay him as you always have, for this health service and supplies the "mean average cost" of $24.74, making each man's total outlay $45.09, and please remember that the insurance companies are obliged to set aside $10.37 as a real reserve and guaranty and that they cannot hypothecate it to teach birth control, either. The difference between the minium economic premium of $75.42 under "uplift" and panelization and the old line insurance premium of $45.09 under actuarial experience and free choice would be $30.33 per average man, or $78,676,020.00 per annum in Illinois, and interest on that is pretty nearly three millions. It is pretty nearly time you people in Illinois began to think about interest—by yesterday's election you just let yourself in for an $8,000,000.00 bonds issue; you have robbed Peter to pay Paul, but when you get to the other end you are going to pay interest. Under this compulsory healthy insurance law the State of Illinois will be losing three million dollars in interest on that money, at three-and-a-half per cent.—some gamble for the workmen of Illinois, in the face of the thirty-three per cent. reduction in the number of employed between January, 1920, and January, 1921!

In the State of New York, at the Kings County Young Republican Club, Senator Davenport, the Senatorial father of the Bill and erstwhile professor of Hamilton College—which was not long ago a beneficiary from the Sage Foundation —(do you get the connection?)—said, professorially, "The cost of this measure will be distributed in increased efficiency and good will;" and then he said, sneeringly, "We would not think of going to the doctors about costs!" Well— the doctors went to the people with the facts and information about costs and waste and the effect upon the health welfare of those people, and upon the morale of their agencies of healing, and then the people went to the polls in 1919

and elected a lot of proponents of Compulsory Health Insurance to stay home—where they belong. (Applause). In ten out of twenty-three assembly districts in my County alone the candidates went to the scrap heap on the Compulsory Health Insurance issue, and party solidarity got a jolt. In one of these districts there was a man by the name of Braun, in the twentieth assembly district of King's County, who said "I don't give a damn for the opinion of the two hundred doctors and dentists in the 20th district, I am going to vote for the Compulsory Health Insurance if it comes up." Well—the people gave votes, and while that man in 1918 had a plurality of 3,122, in 1919 his opponent had a plurality of 1,679, and we did not go into politics and there is not a single club that can be wielded against our ethics, (applause), in King's County today. We held our meetings in the Democratic and Republican Headquarters through the courtesy of the political organizations, and we did not have to spend a cent for these halls because every man Jack had a family doctor, and he had a tender little spot for that family doctor, because he knew his self-sacrifice and devotion were not measurable in dollars and cents, and besides, the political leaders, knowing that here was a civic force in development which threatened party solidarity, figured that they had better not oppose us, and we said "we do not want your rooms in charity but as a right for the good we have always done for mankind without thought of recompense and without thought of self." In 1919 it came about that 500 doctors deserted their homes for the discomforts of travel and went up to Albany, and then we were received courteously—"Welcome to our city, Doctor dear!"—"Have a chair" —"Have two chairs" (laughter)—"There are so many of you that you will be uncomfortable in the Senate Chamber, come on over to the assembly chamber"—Oh! the beautiful flow of oratory of Senator Davenport when he portrayed his family doctor, and he solemnly promised us that he would not allow that Bill to come out of Committee until the sacred relation between the doctor and his patient was maintained and conserved,—but he lied, because I knew and he must have known that he had neither the power nor the disposition to keep it in Committee, and within twenty days he yanked it out of Committee and it was passed by the Senate but it was killed in Assembly in 1919, not because the doctors killed it—not at all, but because there were certain important financial interests in New York which were opposed to certain bills, including Minimum Wage Bill—(which is really camouflage for the maximum wage bill)—and it would be very risky for them to allow the Compulsory Health Insurance Bill to come out and to kill the others. The leaders would have a lot of explaining to do, and they are not in politics for their health. At that stage of the game (1919) we were just what is known as the 'fall guy.' We were the recipients of the pitying contempt of the men who made our laws, and one of the senators, a little more frank than the others, said to me March 19, 1919:

> "Doctor, you doctors are the dearest people on earth, and we love every hair of your heads as individuals, but as a class you are rather a pitiable bunch. You spend your time and your money and your energy organizing and maintaining scientific societies for the advancement of science and the betterment of your fellowmen, and you don't know a thing about self-preservation. The propagandists are organized but you are not and you are not even well informed. The Bill will be killed in the Assembly; go home and organize"—

and I did not have any come-back because what he said was true: We came home and we organized; we went into the highways and the byways, and we hung the mantle of professional sacrosanctity in the moth bag and we talked to the doctors in the medical societies, and in the dental societies and to our pharmaceutical brothers whenever and wherever we found a chance, whether they were organized or not, because the "unorganizd" doctor is just as dear to his patients as the President of the American Medical Association—and he controls just as many votes on election day. We went first to the medical societies and after much persuasion they came in and formed a little guild. Those dear doctors are so timid! "The higher you are the further you fall," and the more distinguished a doctor is the more jealous he is of his reputation. You know perfectly well it is a theory and not a condition that confronts you. Take the most excellent physician in the city of Chicago today, a man who has spent his whole life in sacrifice and service and let a breath of scandal be uttered about him and the morning Tribune will come out and his reputation will be blasted. That is true of the minister—(not of the lawyer)—and true of us. I don't know how the lawyers (and I am one of them) escape (laughter) except that you can't spoil a bad egg. (Laughter and applause). We organized a Professional Guild and we went out into the highways and the byways. We told the people what the situation was and educated them by word of mouth and printed pamphlet. Then, in 1920, instead of five hundred men, four men and my humble self went to Albany, and when we went we were "chesty." We went not so much as doctors but as prize fighters who had acquired a "reputation" for beating somebody, and for the first time in twenty years the doctors, dentists and druggists got a respectful hearing. Speaking for sixty-two counties in the State, we attended the "pro forma" hearing on the Davenport Compulsory Health Insurance Bill—ignoring Senator Davenport's tricky telegram "not to bother"—and that Bill died in Committee; the Medical Practice, Re-registration Act, was killed on the floor of the Assembly; a very well financed lobby got the Chiropractic Bill through the Legislature but Governor Smith killed it with his veto; we drugged Drugless Therapy to a standstill, and when they swept up the Legislative Chambers at the close of the Session they gathered up thirteen out of thirteen bad public health bills that had been sent to the

scrap heap—to join the candidates who had been retired on a Compulsory Health Insurance issue in November, 1919. (Prolonged applause).

Now after the November election the compulsory health insurance Bill in New York got appendicitis or something (laughter) which required its subsidence for a while and not too much exercise, and so Senator Davenport introduced it in 1920 "for educational purposes, only," and they promised a campaign of education as an antidote for the "poison" which these doctors had applied to the public mind and which they said had "changed its condition of receptivity of this wise social experiment of one of antagonism." It will be introduced this year "for educational purposes"—whatever "educational purposes" means—but they have neither the hope nor the desire to pass this bill, for two reasons: first, "you cannot fool all the people all the time" and, second, they have something 'just as good' or better, and so they will concentrate their activity upon State Medicine—Health Centers—which Dr. Harris of Dalhousie University calls "Socialism in Excelsis" and which is the fulfillment of a threat uttered by a representative of the American Association for Labor Legislation on December 11, 1919, in the course of a debate which I had with him before the King's County Dental Society, when he said, "If you succeed in beating Compulsory Health Insurance you will have to take State Medicine."

Now what is this State Medicine—these Health Centers? In a nut shell, it is Compulsory Health Insurance and then some. It provides for a large and prolific political machine with the State Superintendent of Health, appointed by a partisan governor at the head, and the system running out through Boards of Supervisors, Boards of Selectmen and Common Councils in the towns, villages and small cities, and Boards of Estimate and Appointment in the large cities where the "pickings" are. These political bodies have the power—now you tax payers, open all your ears (laughter)—they have the power to contract and levy taxes to pay for land, buildings, equipment and supplies of all kinds, and of contracting with and discharging employes, lay and medical, of all kinds. These political bodies will exercise their powers either directly or indirectly through other lay officials appointed by or through them, or by the State Superintendent of Health who, under the Patronage Committee of the party in power, has the final word.

Under this State Medicine there will be clinics for everything from baldness to bunions and all between (laughter,—including surgery, dentistry and the specialties. Under this State Medicine Bill there will be the periodical examination of the people—"Fisher-ization," you know—and their separation into groups manifesting degrees of normalcy—isn't that sweet word? (laughter.) If they fall below an arbitrary standard they will be given the "yellow ticket" to place them without the pale, as subnormal, until they are duly "uplifted" to the satisfaction of such organizations as the Modern Hospital Association, the American Association for Labor Legislation, and unless you medical men and women wake up the American Medical Association and the American College of Surgeons will be prostituted to this combination, and will become an integral part of this organization in restraint of the freedom of choice of our American people!

Now, there is one thing I find among doctors all over—the little disposition to do the "shimmy" (laughter)—you know, every time somebody says "you ought to be ashamed of yourself—you are just thinking of your pocketbook in connection with this legislation." Now for heaven's sake have the moral courage to remember this—that not since the days of Adam and Eve have we have able to pick clothes off trees (laughter). That, unlike the "lilies of the field, which toil not, neither do they spin" we must take some thought of what we shall eat and what we shall drink and wherewith we shall be clothed. We must remember, too, that it is in the nature of things for the strong fellow to beat up the weak, and so the fellows who work find it necessary to bind themselves together, and out of that grew governments and laws; but need is soon found for closer association, and so we have the Guilds of the old days and the Trade Unions of today, and still relative weakness exists and so the inequity of man's relation to man forces itself before the Court of Public Opinion—which Abraham Lincoln said was the highest court constituted. And so the doctors come to you, the Supreme Court of Public Opinion—not in fear, save as we fear the security of your health and welfare being invaded; not in greed, because we know that you know that our self sacrifice and devotion cannot be measured in dollars and cents; not in jealousy, save as we are jealous of our profession and will not tolerate its prostitution; not as false prophets, but as teachers of the truth that you may learn to know and decide and stand back of us. We are just as the longshoreman is, or as the workers in a vineyard. It is our solemn, sacred duty to safeguard our capacity for work for the needs of today and against the day when that capacity shall wane, and, in so far as possible, to provide ways and means for those depending upon us that they may take their place and do their part in the world's work. Be it longshoreman, or be it doctor, dentist or druggist—what you please, have the moral courage to meet this "pocket-book nerve" sneer squarely—meet it and say, "Yes, we are doing this to protect our earning capacity," and having done that say this;—whether they maintain the present "mean" of $24.74 as the allocation per person per year for health service and supplies, or whether they raise it to the alluring bait-point offered by the A. A. L. L. to the Michigan State Medical Society ($2.50 per visit),—no matter if they make the limit of the doctors earnings the sky—and you the goat—there will still remain the political domination of the agencies of healing, and the substitution of the contract doctor for the doctor whose services are based upon love.

Now then, this State Medicine proposition blended with the others, goes just a step further, and I was almost forgetting it. If a hospital,

public or private, refuses to come in out of the wet and join the happy throng (laughter), these political bodies have the power under the law to start a little kingdom of their own on the next corner, and then absorb the hospital—or wreck it, if it attempts to operate independently. Doctors, dentists, druggists, nurses, all of these agencies of healing must become panelized "eventually, so why not now?" I can almost imagine some of the distinguished and dignified doctors lifting their hands in astonishment; I can almost see them shudder as they say in their heart of hearts "Is this man mad?" And then they say to me, "But, my dear Doctor,"—Oh! the trustfulness of those dear men, their innocence, their freedom from guile—"but, my dear Doctor, they can't deny me the right to practice medicine after all my years of study, of sacrifice and service, and besides"—(this with pride)—"my favorite hospital has a charter from the State!" Great stuff, that! (Laughter). But it's not worth the powder and shot to blow it to kingdom come! The charter of your hospital is valuable only for decorative purposes, for your charter is a privilege and not a right; it is merely "a scrap of paper," for under the ruling decision of the United States Supreme Court '97, U. S. Reports, page 659, in the case of The Fertilizer Company vs. Hyde Park, which modifies the ruling in the Dartmouth College case (4 Wheaton Reports, page 518) and makes a charter not a contract from the State but a license; not a right but a privilege, and subject to the police power of the State—just as your license to practice medicine, dentistry and pharmacy is subject to the police power of the State, the scope of which is set forth in the memorable case of Dr. Dent vs. the State of West Virginia, 129 U. S. Reports, page 114, in the year of 1889. That sounds very erudite, too! (Laughter). I am going to leave with your committee a copy of those bills, and ask them to have the Bar Association of Cook County, or a committee from that Association, discuss them with them. I am sure that the Bar Association will be delighted to act as your legal eyes, precisely as they are doing in New York State and in New Jersey. They will tell you that these bills are capable of depriving you of your right to practice medicine if you refuse to come under the banner of panelization, and they do that in the most insidious way in the world in fulfillment of a threat uttered by a New York Senator proponent of Compulsory Health Insurance before the 11th Assembly District Chapter of the Professional Guild of King's County, when he said, "If you refuse to help make operative Compulsory Health Insurance if it becomes a law, your right to practice medicine will be taken from you under the police power of the State." At that time and at this moment, (because of the fact that we killed the Medical Practice Re-registration Act), there is not in the State of New York a single statute which would make that Act good, but if they had been able to put across that Act they would have had us by the throat, and could have passed any old thing they pleased. The gentlemen of the Bar will tell you that there are two ways of making that threat good; by making it a misdemeanor for a doctor to treat a patient other than as a panelized physician, and thus proceeding against his license, which would be almost too raw; or, by providing for the annual re-registration of physicians and vesting discretionary powers in the Re-registration Bureau, which is precisely the effect of resurrecting and reactivating a section of the old Medical Practice Act which was designed as, and served the specific purpose of, an enabling clause in 1895, to make de facto doctors de jure, but by changing the fee from $25.00 to $50.00 for "re-registering, without further examination, the diploma of those physicians graduating prior to 1895 with the same force and effect as if they had taken examinations," and failing to provide a qualifying "if," "and," "but" or "provided" to the contrary makes it discretionary with the Re-registration Bureau to demand that those graduated after 1895 comply with the requirements for examination; there being no "clear right" to the endorsement of your diploma—and no right of appeal on the merits of the case available, under the "ordinary meaning of the words, which is the measure of the language of a statute" a physician must submit to panelization, or quit. This "reactivation of the complement" makes the Kenyon Medical Practice (Re-registration) Act a legal entity with the status of new law, and serves to tie to the panel the complaisant time-service doctors, and to cast off and destroy the protesting heart-service doctors by denying them re-registeration in punishment for fighting such vicious Public Health Legislation as Compulsory Health Insurance, State Medicine, (Health Centers), the National Socialization of Medicine, Medical Practice (Re-registration) Acts, Drugless Therapy, Chiropractic, Birth Control, Administrative (tin badge) right of search instead of judicial (search warrant), Bills of Special Privilege for private Narcotic Sanitaria, etc., etc.

Now no number of State laws, however complete and however elaborate, would satisfy the "urge" and hope of "uplift" and the fullness thereof, which did not include the Centralization, Nationalization, Socialization and Standardization of medicine, and so in 1919 Mann of South Carolina introduced a Bill known as House of Representative Bill 10510, that was going to provide for the nationalization of medicine in much the same way the political control of the agencies of education is to be effected through the Smith-Towner Bill. It is really very simple—it is really almost as simple as Senator Davenport's professorial formula that "The cost will be distributed in increased efficiency and good will" (laughter). And it is almost as appalling as the fact that every bit of this fool welfare legislation runs into big money, which must flow in ever increasing floods to the Treasury at Washington from the pockets of the tax payers of the various States, and come back to the Goat in the tiniest of rivulets after passing through the tortuous thirsty beds of Federal patronage sand. When will the average man in the street begin to realize that neither the Nation nor the State, nor a municipal-

ity has any independent source of income? That there is no such thing as a Government gift or grant, and that the disbursement and dispensations of money under these alluring titles is only a "percentage" returned to the contributor—the tax paying public, the GOAT? Why the Federal Government will simply underwrite the money which the States expend for State Medicine to the extent of one-half, and the price which the State will pay for this paternalistic pat will be the surrender of its State right to care for its sick citizens, and the transfer of the political domination and control of the impersonalized agencies of healing and the cattle-ized, card-indexed units they serve, from the partisan State Patronage Committee to the partisan Federal Patronage Committee. That is easy—just like that!

I wonder when the man in the street will know the meaning of the word "Economics?" It means the management of the house, and God knows it is pretty nearly time that the man who pays the freight should know something of the cost and should understand, as I have already said, that no Federal, State or Municipal form of Government has any separate source of income—unless you consider the "conscience fund" (laughter), which amounts to a few miserable thousands, and that anything that returns in any form is just a percentage coming back to the tax-payer—the Goat—for his very great kindness in affording a lot of politicians an opportunity to make a bunch of easy money.

Now there are two reasons why a lot of parties are back of this proposition and trying to put it through. One is that the Foundations have a lot of schools of psychology, philanthropy and sociology, and a lot of psychologists, and statisticians and welfare workers as proteges and graduates and want to give them jobs and the state is a good paymaster. To show you how true this is I will give you an illustration. When we went into the World War that was their opportunity and our fellow citizens were their meat. Men were rejected from the draft because they were too small, or because they had flat feet, or had lost an arm, or had defective eyesight, or had some variety of disease, and for fifty-seven varieties of reasons they were eliminated from the Army. Along comes one of these sob-statisticians and he fine-combs these refugees of the Army and then comes out with this choice bit of statistical humor—"that of the rejected boys in New York State 32.5 per cent. were mental defectives;" that was a lie, of course, but it was necessary in order that an "uplift" gentleman might become the president of a Commission for Mental Defectives. Now New York is a fairly distinguished and a very good State but it is in a rotten position because through that law it has a State Hospital Commission which is legally competent to differentiate between an insane and a sane man, but it is not legally competent to differentiate between the mentally defective or feebleminded and normal citizens; that is now the function of this other Commission and there are now about twenty-two stone buildings in the course of erection, and then there are a lot of our fellow citizens, touched by the hand of God with mental deficiency, and these poor unfortunates are dressed like scarecrows while hovering about over them are dainty, well dressed social surveyors with nice white caps, who are drawing down their salaries from the State of New York.

The other reason is this,—that those Foundations were all begun in a spirit of what is known as attrition as distinguished from contrition. The "malefactor of great wealth" approaches the terminus of the tiny bridge called life and as he looks back over the span the court of Conscience (in which there are no acquittals) indicts him for his inhumanity to man, and knowing perfectly well that he can't carry his millions away in his shroud, he decides that he will endow a Foundation. Very well—very good, because he is going to give a chance for the children of those he wronged to get in charity what he should have given their forbears in justice, and so he picks out men of prominence in the State and Church who are above reproach, and he entrusts this Fund to them, but you know the higher and more delightful the personality of the man is, the less is the assurance that he is a clever executive; so these excellent members of the Church and State must give way to men more versed and clever in building, who are graduates of a School of Philanthropy, and they are very much like the German trombonist who said he didn't have to prove he was a good trombonist—he admitted it (laughter). These smooth, oily individuals, dressed ministerially, with that uplifting of the eyes to indicate their "urge," and that they desire to do good to all suffering humanity, and to uplift men to their own excellent standards—or thereabouts, become what is called an Executive Secretary and they are just about as dangerous characters as you can find. They have in the Board of Directors, the Executive Council, and the Vice-Presidencies the names of a lot of people of prominence, and then when I charge them with un-Americanism they look shocked, and they say "This man is unfair—unreasonable"—you know that real ladylike way of slapping you on the wrist (laughter); and they refer me to the men on the letterhead—Woodrow Wilson, the President of the United States, "is he an American?", they say, and then name a few more, and I say what our mothers told us when we were children —"Tell us your company and I'll tell you what you are." Any American, be he President or be he not, who contributes his good American money and good American name without finding out who he is traveling with, cannot be heard to complain when his name is associated with a man who will write an editorial justifying the sinking of the Lusitania (applause), who will write the "Dear Gene" letter to Debs in prison, or the men who would try to wreck the needle industries of the country while our nation was at war, or the men and women associated with the Rand School for socialism in New York, or the men and women who are the editors and owners of the "Crisis," the "Messenger," the "Nation," the "New Idea" and the "New Republic." (Applause.) These sheets are teaching De-Americaniation with

every issue, yet these are the names that you will find emblazoned and embrazened as officers in the organizations which are aiming to put across this type of wasteful, socialistic legislation in this country of ours.

This is not the doctors' fight: It is the peoples' fight. Somewhere in this hall there is the family doctor of the man who is at the head of Marshall Field's; somebody else is the family doctor of the man who is at the head of the other large department store on the next corner. You know that these people love you just as dearly as my people love me, and you know, just as well as I, that an appeal coming from you will be honored by them because of the love they have for you and the trust they have in you, and you say to these gentlemen, "You occupy a whole page in the daily newspaper and two on Sundays,—will you give me an opportunity with your sanction to talk with your advertising man"—you understand the bone and sinew of the newspaper is not your three cents a day, but the advertising—"direct him to listen to me for a few minutes for I have something to communicate to him from the family doctor," and if he will give you one little inch-by-three in the heart of his advertising space the newspapers will come to you within a week —not like in the City of Milwaukee where the perfectly sincere and honest effort on the part of the medical men was distorted at the direction of some bureaucrats. We did it in Kings County —because I was connected with one paper before I practised medicine they would publish my stories through their regard for me, but we could not get a line in one newspaper until they found out the election returns in 1919,—you've all heard the story about how somebody "told the sexton and the sextion tolled the bell" (laughter). Well, what I had to say got into the advertising window and then we got all the space we wanted without a blue pencil, because we are no longer a theory but an institution and a cause; "what men have done men may do." It is your business and mine to invite the voting public to take a hand in the game in order to insure a square deal all around; and the lay press is the great American teacher. We must go to the people with the facts; an informed American public never went wrong and never will.

It is true that the spectacle of dignified medical men in Illinois coming into public life twenty-five years ago in defense of a principle was sufficient to change the result in a State election, but it will not be sufficient now. If every doctor were in his scientific society, (which he is not), and if every society was a unit—which they are not), they could not prevail, alone, against the well organized, well financed, absolutely unscrupulous forces of unrest which are exploiting this socialistic Public Health and welfare stuff. Put us all together and we do not represent the voting population of a city of the second class, but get us out among our people who have the votes, and who have very definite ideas about the quality of self-sacrifice and devotion to them and theirs which we have always manifested, as well as our absolute dependability in peace and war, and we can change the complexion of a legislature in record time and party affiliations will be no bar. Let us not waste our time in dignified, elegantly phrased resolutions of protest, presented at the Capitol by our distinguished doctors with their usual courteous manner, because they will float gracefully into the waste-basket as soon as these dear men leave for home (laughter), but the voice of the people can be heard the State around and the impression of their votes sinks deep into the consciousness of legislators and their political leaders and advisors, and they will Stop, Look and Listen! before they commit the State to a wasteful policy of Public Health uplift at the behest of the Apostles of Unrest, through Compulsory Health Insurance, State Medicine, Health Centers, Birth Control, Drugless Therapy, and the rest, and before they attempt to enact the fulfillment of a threat of reprisal upon the people's alert agencies of healing through a Medical Practice (re-registration) Act, which is ostensibly prepared for the "uplift" of medicine, but which is really designed as a legislative club to beat the men and women of medicine into submission to panelization, or out of the practice of their professions.

The best medicine in the world is knowledge of the facts. In our work in Kings County our doctors, dentists, druggists and nurses were supplied with the facts of our campaign, in pamphlet form, charts, snappy cards and newspaper stories; all these cost money, a little from the humble and more from those whose position suggested and whose pockets afforded generosity until the dues began to come in and we were really functioning. The New York League for Women voters released a news article a short time ago stating that these Guilds of ours were involved in a lobby exposure, and hinted at a slush fund of a million dollars (laughter); I wish with all my heart that somebody would get a slush fund together that would equalize the fight between the moneyed Foundations back of this fool legislation and the Agencies of Healing who have been spending their own money and time and energy in building up the Medical Salient of the American line of defense against this socialism and this radicalism. (Applause).

It was inspiring to see how the doctors and the other medical citizens took hold. One of the doctors telephoned me that he was able to get some slides in fourteen moving picture houses in his particular Assembly District, and the slides read—"What do you know about compulsory health insurance? Ask your Doctor, Dentist and Druggist: They know." How would that look in the heart of a department store newspaper page next Sunday? Somebody else suggested that since the magazines in our reception rooms were out of date anyhow (laughter) we might replace them with copies of "The Menace of Compulsory Health Insurance" and such literature, and all these things helped.

We took the stand that Compulsory Health Insurance was as incapable of constructive amendment as is a rotten egg, and the people constructively amended the legislature for us. Their action imposes a debt upon us which must be paid by directing our attention to a real solution of

the sickness problem; seeing to it that thorough, constructive legislation and more efficient and expansive administration of our hospitals, laboratories and dispensaries, the advancement of medical science may be brought closer to the sick citizens of moderate means, that they may profit by the more rapid restoration to health, that their freely chosen physicians may profit by a broader grasp of the patient's condition, and the State benefit by the prompt return of the individual to economic usefulness.

Now I am going to quit, but before I quit I am going to leave you a small part of what has been largely responsible for the sacrifice I have made for the profession that I want to see retain its standing of sacrificial sanctity. It is a little thought that particularly applies to two types of medical men: first, the man who has plenty of money and "who should worry;" "If they put over this fool kind of thing in this country I'll get out of medicine and go out to the farm;" and then the other kind of men—like Emerson's Mouse-trap Man, whose surgical skill or superiority in special lines of work makes them almost indispensable; and, too, that indolent type of man who does not think it is going to hit him and "what should he bother about?" It applies, too, to the people we love and serve, and to the Legislators who are charged with the duty of making our laws, and to all of us whose duty it is to build, not for today or tomorrow, but to build for all time; not to build selfishly for ourselves but for the others who will follow us—as did the men and women who built for us in those troublous times when this glorious Nation was brought into being; the man who wrote this was a man whose spirit must have been at home among the stars:

"What if I build for others and the walls of the building stand
Long after I am forgotten by the dwellers within the land;
Long after the buildings have crumbled, which were builded upon the sand?

"What if I build for others and the building shelter me not;
And within the home I have builded, I shall have no part or lot;
And the Dwellers who make their home there, thro' all time shall know me not?

"Yet, when the years shall have faded, and beneath the rooftree's shade,
The children of generations in their childhood sport have played;
And have passed from under that roof-tree and vanished into the shade;

"Some Dweller beneath that roof-tree, thinking of when it was new
May say, as his thoughts turn backward, keeping its age in view,
That 'The Builder who built this building builded better than he knew.'

"And I, tho' I may have passed onward, hearing the Master's call,
May know, tho' it may not matter to me what the building befall,
That 'tis better to have builded for others, than not to have builded at all."

Dr. Edward H. Ochsner:

I take great pleasure in introducing Mr. S. C. Henry, of Chicago.

Mr. Henry: Mr. Chairman, Ladies and Gentlemen: You know it is always embarrassing to a speaker to have the gentleman who introduces him say flattering things of him, and it is especially embarrassing for one of my very humble position in life to be called upon to follow such a speaker as you have just heard.

I want to say to you men and women here assembled that, speaking for the pharmacists of the United States, I endorse every word that the previous speaker has said to you. I am sure that we have all been interested and instructed by the comprehensive and intelligent analysis our good friend has made of the case which is directly before us. Now when I sat over here listening to this eloquent address by our friend from New York, I began to imagine that this was not my lucky night. Like the chap who said, "My brother is always lucky but I never was. My brother Bill walked down the road, picked up a horseshoe, and took it home and hung it up and the next day his wife left him. Brother Bill always was lucky. I went out and gathered up an armful of horseshoes and hung them all over the house but my wife is still there." (Laughter and applause).

Now just a few words about this Compulsory Health Insurance proposition. You physicians and dentists and we pharmacists have been hearing much of Compulsory Health Insurance for a number of years. It is true that a few of us, principally those whose duty it was to analyze these bills and combat them, have informed ourselves, have been interested in the subject and have endeavored to bring before the great mass of our fellows the true facts as they are contained in this proposition. I may say to you in all sincerity that in many years of legislative experience I have never had to combat any legislative proposition which in my humble opinion was as iniquitous and fraught with as much danger, not only to our professions, yours and mine, but to the great mass of American people, as is the Compulsory Health Insurance proposition. The American Association for Labor Legislation—my goodness, men and women, we might well exclaim "Oh labor, what crimes are committed in thy name!" What right has this bunch of political grafters and reformers and philanthropists to come before the people of this country and in the name of labor propose something which you and I and every other intelligent man and woman in the country knows is not in the interests of labor, but is absolutely contrary to its best interests. They come to you, as our friend here has shown you tonight, with a proposition which purposes to do something for them, but down in their hearts they know as we know that the

whole plan and purpose is to do something for the people who are proposing the measure and to set up a machine which can be used for their own selfish purposes. And then there is another thing which we know which perhaps the general public does not know, and although our good friend analyzed it, he perhaps did not go as far as I am ready to go now, but we know as practical business men that not 40 per cent. or 60 per cent. or 20 per cent., but 100 per cent. of that amount is to come out of the pockets of the laboring people. Why, it is ridiculous to imagine that any state could demand of the business man that he turn over to the state for the purpose of insuring his employees a certain amount of money, and expect him to get that money from any place in the wide world but out of that business. While it is true that the employer is called upon to pay 40 per cent. of the amount, plus his taxes, his share of the tax which will be levied to pay the state's portion, it is equally true that that amount will come from the people, and consequently that amount is charged back to the persons in whose interest the plan is proposed and, unfortunately, only a small percentage of it finds its way back to the ones who are supposed to be protected by this splendid scheme which has been worked out by these so-called reformers.

Do you know, my friends, speaking from the viewpoint of the pharmacist, that if compulsory health insurance is adopted in any of the states or in the nation, and carried out along the lines upon which it is planned, that it means the absolute elimination of 75 per cent. of the pharmaceutical business carried on by the pharmacists of the United States? Now those are not mere idle thoughts; they are carefully calculated figures, and I do not want you in thinking of it to think of the things that you sometimes see in the drug store. I am speaking of pharmacy, and I say that 75 per cent. of the legitimate pharmaceutical business carried on by the pharmacists of the United States would be absolutely eliminated by such a proposition. Now, all of this is proposed in the interests of the "dear public," the "laboring man." It is proposed here in the United States of America and I am here to say to you as an American citizen, that the very proposal of such a scheme is a crime and an outrage upon the good name of the American laboring man.

This thing has but three angles, my friends—it is simply a question of the laboring man, the state and the profession. In the very beginning of compulsory health legislation we were, unfortunately, faced with a condition which I believe now is rapidly disappearing; namely the laboring man, as such, was for a time fooled by this proposition. I think it might be said with equal emphasis that the medical profession was to a certain extent misled by it. But now in many lines the laboring man has been led to see the falsity of the proposition, and I am mighty glad to know that the medical profession is solidly against it. The pharmacists of the country have been from the very beginning absolutely opposed to it. It is all right for us to have meetings as we are having here tonight, and pass resolutions perhaps, but that will not accomplish the purpose which we are seeking by this meeting to accomplish unless we—by that I mean all of the professions here represented—unless we grasp the full significance of the situation which is directly before us, and see to it that the public is informed truthfully and accurately as to the workings of such a law. I want to say to you that the passage of such an act, in some of the states at least, is extremely probable. We have 42 states with the legislatures in session at the present time. My office is constantly being kept informed regarding the various bills which are being introduced, and I know to a certainty that there is a determined and a well organized effort to put across this legislation in many of the states, and the one thing against which we have to guard—and when I say that I mean my own national organization—the one thing we have to guard against is the adoption of such a measure in any of the states, because once it has wormed its way into any the states it will work its way into the other states regardless of anything we may do to prevent it.

Now, what I wish you would do here tonight, after listening to our good friend Dr. O'Reilly and what the gentleman who is to follow me has to say, is not only to adopt some resolutions, but I would like to see you take some definite and decided stand. Begin here tonight some measure to carry this proposition to the people of the state. Organize in some way so that you will get into the newspapers of this city and other parts of the state the information which the people of this state should have regarding the iniquitous nature of the proposal. I think if this meeting adjourns without doing some such thing we will have missed the real purpose of the gathering.

You know, I often reflect upon my own shortcomings and yours, and other people's, and one cannot help but feel in thus reflecting that we as a class of citizens very frequently fall far short of our duties in that we will not sufficiently interest ourselves to get into the hands of the people and see that they are properly informed regarding those things which so directly affect us as does this particular proposition. We are all too likely to allow the work to be done by some one else. It is all too natural for us to believe that perhaps the picture which is painted before us is somewhat overcolored. We are all likely to trust somewhat to luck, that these things will not occur. Then, too, I think that we sometimes are like the young man who was making love by the seashore. He proposed to his lady love and she accepted him right on the beach, and then after she had accepted him they remained silent for a while and finally she looked down at him and said, "Charlie, aren't you going to kiss me?" And he replied, "I want to but I can't, my mouth is full of sand," and then said, "Swallow it, you boob! You need it." (Laughter and applause.)

Now, my friends, that is what we need (laughter). We have to get away from this idea that it does not look right for us to be trying to

educate the people. We have to get a little more grit into ourselves and our people and go out and fight this bill. Not only for our own protection, —that, I say to you, would be enough in itself, but we have in addition to that the certain knowledge that in protecting our own interests we are also upholding the rights of the people of the country as a whole.

Now, I am sure, you do not need any further analysis from me, and I will just leave with you the thought that I expressed a moment ago that out of this gathering tonight I hope will come some sort of an organization and cooperation of the forces which are here assembled that will take hold of this thing and see it through and not give up the battle until it is absolutely won. If we will do that, I know that we of Illinois have nothing to fear from the present legislature. I thank you. (Applause.)

Dr. Edward H. Ochsner: You see how right I was about our second blessing. One of the purposes of this meeting was to cement together the three allied professions. We will now have the pleasure of hearing from the gentleman who was described to me this evening as the most beloved of all Chicago dentists, Dr. Don M. Gallie, Member State Committee on Legislation of the Illinois Dental Society. (Applause).

Dr. Don M. Gallie: Mr. Chairman, Dr. O'Reilly, Ladies and Gentlemen: I think I can go my pharmaceutical friend one better in the way of a flattering introduction. I am sure that every one here is intensely interested in the presentation of the subject by Dr. O'Reilly tonight, and I am sure that most of you, like myself, are amazed at what he has told us, because I know that the great majority of those present are as ignorant of the ramifications of the proposed legislation as I am, and so instead of taking up much of your time I am going to make my remarks very short, because I believe we will profit by asking Dr. O'Reilly some questions about this proposition. He has told us that this has been presented before some ten legislatures throughout the country and that only by accident was it prevented from being passed in the State of New York, not because of the work by the doctors against it, but because the political gang was not yet ready for it. No one can tell when it will be presented in our legislature and we are not prepared to combat it because we are not familiar with the provisions of this proposed law. It is said to be for the benefit of the laboring man, but any one who has read anything on this subject knows that the laboring men are against it. They do not wish to be classified with the poor and poverty stricken laborers of Europe. It has been tried in Germany and England and has been anything but beneficial to the working men and certainly disastrous and unfair to the professions.

Dr. O'Reilly has told me something about this law, how it would regulate our fees, and the kind of work we would be able to do. As an illustration, he asked me what I thought would be a fair price for filling a tooth, and I wanted to make out that I was a moderate priced dentist and so I said $3, and he said, "Get off your high horse, the price will be 39c." And when I stop to think how my professional associates are doing their best to clear themselves of the indictment, rightly or wrongly placed upon us by our medical brothers, and are trying to do their best for the people at all times, and then along comes the state and says you will have to fill teeth for 39c, I can understand just what the condition of the mouths will be under such circumstances as regards foci of infection.

As I came into the hall this evening I met a colleague who has a brother practicing in Germany, and he said, "I wish I had known just what the object of this meeting was, because I have literature that would show exactly how it works in Germany." His brother receives 3 and 5 cents for office calls and 15 cents for calling on a patient outside. So, knowing the workings of this law in Germany and England, it is simply folly for any one to stand up in this land of plenty and riches, and advocate the passage of such a law. I recently read an article which was published in January, 1919, in which one of our medical colleagues said, "Isn't it a strange thing, that since 1896 not one single thing of prime medical importance has come out of Germany and Austria? I beg your pardon. Salvarsan, and that was a laboratory discovery. It was discovered by a man who knew absolutely nothing about the practice of medicine; a graduate in medicine, yes, but he never practiced a day." And another noted medical man in the city of Chicago, in discussing this proposition before the same body, the State Legislature of Health Insurance Commission, made this statement, which to me was very interesting: "I have recently been through England, Germany and all of Europe. There is not a civilized country on the face of the world, where the intelligence of the average physician is as low as it is in Germany. In the little hamlet, in the big clinic, in the big city and among the people. Why? He makes his bread and butter at the Krankenkasse, and no place else. He has no way of making a living, except under the insurance act. A mark a visit, and less. The same way in England. What was the condition of England after it had been in the war but a few months? What department necessary to the Army failed first in England? The Medical Department, because there were not enough physicians to properly equip the Army. Few doctors in England are able to earn a decent living until they are 45 years of age. How could they, with the laboring class, the majority of them, getting tent and twelve and fifteen shillings a week and raising a family? Talking to the Surgeon-General of England, personally, I was informed that England had only one doctor to a thousand men at the front. I happened to be a member of the surgical society in this country to which England first appealed for help." They had one surgeon to a thousand men. We provide our Army with 7 to 1,000."

This certainly shows that this freak law has not been a success in Britain. Noted British statesmen have talked against this measure, saying that it has been anything but a success, and those who have studied it believe it will be even a greater failure here. Read the bill, which says that the employer will contribute so much and

the men so much, but it means that the slacker will continue to be a slacker and the ambitious man will have to pay for it. I am sure that we cannot be in sympathy with this movement and we should know about the provisions of this bill and get busy with our different medical, dental and pharmaceutical associations, and as the member of the Illinois State Dental Society, and the National Dental Association, which has 30,000 members, I feel that I can pledge to you the support of these organizations to combat this measure. I would like to see some concrete movement taken here tonight, so that these different organizations can get busy, and I am sure that with the influence which the family physician has and which the dentist has, and the close association between the corner druggist and the people in his neighborhood, it will not be difficult to convince the people and the legislature that it is a bad law. I would like to have Dr. O'Reilly tell us some more of the details of the provisions of this measure. I thank you. (Prolonged applause.)

Dr. Ochsner: Now I am sure we have all enjoyed our third blessing, and I will now ask Dr. O'Reilly to come back and give us any further details that he cares to—Dr. O'Reilly.

Dr. John J. A. O'Reilly: I don't wonder you all love that last speaker. He talked right straight from the heart, and the man who can do that is of value in any community. ((Applause.) I don't get outside of the "three mile limit" myself. I don't deal much with statistics because I hate them. I will recite a little thing I did not go beyond the three mile limit to get, because the gentleman came and told me after making a visit to Germany. A gentleman in our profession was pretty nearly down and out under this "wise method of compensation," but finally he had a vision of fortune smiling on him because one of the royal princesses stopped over in his town and then she had the ill fortune, (which he thought was his good fortune) to contract pneumonia and he was called in to serve her, so he saw something in the money way. Well, he treated her faithfully and well, and she got better, and then he began to think in large round numbers, and when she asked him what his bill was he said, "Under the Compulsory Health Insurance System I cannot charge you more than so much, but" he said, (and you can see how low the poor devil had gotten), "my wife would not hesitate to accept some of your dresses." The princess gave the wife some of her dresses and then she gave the doctor an "honorarium"—that is such a beautiful word! The honorarium was equivalent to about a thousand marks, which would be worth $25 when the mark was worth the powder and shot to blow it to kingdom come, but now it is worth a postage stamp. Then that doctor's medical society sat in solemn judgment upon him and suspended him from the practice of medicine for six months for accepting this munificent sum. (Some function for a medical society!) Now I have that story from another medical man and you have to take it from my lips cum grano salis; whether it is absolute truth or not, I do not know. But this one is absolutely true: We have had to listen to a lot of drivel about how this (Kultur) God-given proposition of compulsory health insurance was working wonders in behalf of the profession in Austria. Now you know that Austria did not suffer anything like France did in the late war, because she did not lose a cathedral or a plugged nickel so far as destruction of property was concerned. The doctors were receiving under Compulsory Health Insurance—because I have it from their own letters sent to me and to others, stating that they were earning the equivalent of $4.39 per month in American money, and the letters were enclosed in a letter from the New York Committee for Medical Relief in Vienna, and they were panhandling letters from those poor doctors in Vienna asking us for alms. But finally the Austrian doctors woke up to the fact that God helps those who help themselves and they struck as you will all remember.

Now we have heard a lot about this being a labor union movement. I organized 22 out of 23 assembly districts and the reason I did not organize the twenty-third was because 700 doctors got together in the lower districts of New York to organize a labor union. They asked me to address them and in the course of his remarks the presiding officer said, "Dr. O'Reilly is going to talk to us; he is a good talker as we might expect, for he is half a Jew anyway," and I said, "The doctor is not so far wrong anyhow, because tradition has it that Ireland was first peopled by one of the wandering tribes of Israel." (Laughter "The doctor has told you what you should do, I will tell you what you must do—you must stop, look and listen and cease your efforts to organize a labor union because over in my home town I have an organization which will crush you to a pulp if you try it. You stop until the New York County Medical Society has another chance to come through clean, and if they do not do it, you go through with your labor union and people will have the right to charge your county medical society with the moral responsibility of striking the bar-sinister into the shield of medicine with the organization of a labor union in New York City; subsequent to that the New York County Medical Society came through clean with a vote of 300 to 3 against compulsory health insurance and there was no union.

About the 39c for a tooth-filling which Dr Gallie asks—when I started to study health insurance the milk of human kindness had not yet curdled in my bosom and I actually had a tender spot in my heart for these "uplifters," because I thought they might have been of the elect of God and that I might have been mistaken and so when I analyzed their propaganda of 24c a week my calculations of cost were shockingly conservative and I figured reserve and guaranty as a nominal 30 per cent. instead of the legal 50 per cent., and so I found then that instead of $24.74 for health service and supplies, there was only $2.42. You know you can't buy a dollar's worth of ham and eggs for a dime unless the purveyor is the driver of a garbage wagon, or he is a thief, or he is a "nut" (laughter); unless you can satisfy yourself as to the absence of those three things you have no right to consider that he is merely a malefactor of great wealth trying to save himself the reproach of dying rich by giving away his sub-

stance. Neither can you buy twenty-four dollars worth of health service and supplies for $2.42; in the State of New York there are 13 institutions for the insane and they take care of 34,224 patients and the State of New York can buy its supplies wholesale, and they don't have to bother about the middleman or the druggist, yet in 1917 the cost for health-supplies was $1.50 per person per year, so you have to deduct that from the $2.42, which leaves you $1.12 for all the doctors, dentists, druggists and nurses, specialists services, sanitarium and dispensary and hospital, etc., so you can see that 39c for a tooth filling would be all we could really afford to pay, Dr. Gallie. (Laughter.) Besides, we have to provide for four-fifths of all the births in the State of New York for 8 weeks or 56 days of maternity care. The propagandists said my first pamphlet was extravagant! Because I calculated cash benefits for the whole of the workman's nine sickness days, whereas this does not begin to operate until 3 days have elapsed, then I began to realize that these propagandists believed the poor dear workingman they were going to "uplift" were "crooks" who would be apt to malinger for 3 days and the average doctor would be apt to help him do so; thereafter my speeches and writings and calculations showed no consideration for propagandists who did not know the American square deal. Here is a little feature of the power of the medical foreman of the panelized doctors: We had a grippe epidemic in New York last year and the year before, as you had out here, and those grippe germs certainly are busy in the early stages, but after the third day the germs must live on their own excetra which has swamped the patient's vital fluids, and they will have all they can do without bothering the patient, but they have already saturated that patient with poisons and the only kind of blood he has is drunken blood, which is why his hair falls out and why his nails become brittle; the "fund" has a "medical officer"—one "who deserves well of his political party." "There is Dr. O'Reilly," for instance, "who would like to be one of those medical foremen in charge of a gang which God forbid." And then I go to Dr. Ochsner here, for instance, and I say, "You are treating Smith," and Dr. Ochsner says, "Yes,"—deferentially, mind you, because if he doesn't he'll get his—and he says, "Yes, sir." Then that law permits me to say: "You send Smith back to work tomorrow." I am working for the fund; of course, it's only 1,500 dollars a year—and what I can pick up, and I must stick by that fund. I say, "You send Smith back to work tomorrow," and Dr. Ochsner says, "I can't! if I do I am sending him back to death or to worse than death,—to chronic invalidism a year from now. To send him back to work now means sending him to a state institution suffering from a chronic disease of the heart a little later on, adding him and his family to the poverty of the state." And then under this bill I can say, "That is nothing in my young life, you send Smith back to work tomorrow; his insurance stops tomorrow and your fees stop tomorrow, and Dr. Ochsner, you jump through that hoop." And the law gives me the power to make him jump through that hoop.

I spoke to you of the deficit. Where are you going to get the balance? Off a tree? Not at all. What are the people going to do if they tolerate this thing, if they once get the law in the books—jump the workingman's premium to $75.42, which is 13.6c of every dollar he earns, or they are going to send along the deficit to the tax payer—the goat? Bear this in mind, that in the State of Illinois that $50.46 for the 2,594,000 estimated workers under the census of 1920, means over $130,893,240 a year for you to make up to save the State of Illinois from dishonor. Now the inevitablity of this deficit was recognized and provided for in section 11 of Article II of the bill which provides this—"if the funds be unable to furnish the whole or any part of the benefits provided in this section then there shall be paid the cost," (get that, that does not mean fee—that means cost)—of service and supplies. Not a tiny little bit of a word as to where this deficit is to come from but a wide open door for a deficit bill every year to save the state from dishonor. These propagandists will mortgage their soul for you if you will help them push the naked bill through, by compromise—the curse of medical society politics. Don't worry, they will furnish clothes (amendments) for the skeleton if they get it through. One of the bills embraced the workingmen—and their families.

Now I want to charge the American Association for Labor Legislation with direct dishonesty. They had an original bill which provided that this bill be applied to all workingmen. We have a strange bunch of medical men in New York City—they are the frock coated clan, silk hatted and ultra-ethical, classy men of the profession who decorate the Academy of Medicine. One of the high priests is Alexander Lambert, former President of the A. M. A., who tried to betray it in 1919 and got what was coming to him from you gentlemen of Illinois; they said, "Tut" (three times), 'this must not be because this also applies to our clientele," and then these efficiency agents said. "Let's stop, look and listen, these men are very important to us because we depend upon them to play the medical politics, and so we must insert something that will show benefits of this God given thing to those earning $1,200 a year or less. "Now," said these sacrosancts, "Now indeed is revealed to us the God given movement," and so they compromised and then, when they had compromised on the bill, and compromised themselves and lost the confidence of the rank and file, that section was withdrawn and today the bill excludes only agricultural laborers and people who belong to the Christian Science Church.

Now, another evidence of dishonesty. They began to cut this bill, and they cut and turned and trimmed and embellished it in every possible way and these uplifters tried to kiss it through, and they finally got a bill which, in 1920, they admitted was the best health insurance bill they could devise, and that same year they went across the river to New Jersey and introduced one of the older bills with additional bad features and that is active dishonesty if anything is.

One of the choice bits of propaganda is this: "The medical societies are the ones who initiate

the fees and who control and direct methods. Well, a woman came over here from London and she was a wise lady. She knew a lot about labor—she represented labor in England, so she said, and she spoke in glowing terms of the Davenport Bill and compared it with the English bill and said the thing that stood out prominently was the fact that the medical societies directed the work. If she is not a better labor leader than she is a reader of King's English, God help the King! (Laughter'. Here is the law, "the medical societies may submit schedules of fees and modes of compensation"—now that sounds good and I don't see why these poetic doctors are so het up about it, really; then it goes on to say, "The Bureau may adopt these fees and modes of compensation"—now that sounds good, too, but then it winds up with this little bit of legislative humor to lighten the cares of our elected men, "or, the Bureau may adopt such other schedule and mode of compensation as the Bureau may decide!"

Now, I want to give the lie direct and then I am going to ask you to ask what questions you wish. I am going to give the lie direct to some of these people with relation to the attitude of the medical profession towards this work. That they shall have anything to do with it is not contemplated for a moment, because the one who is going to determine what we may graciously be permitted to prescribe for our patients for their particular illness is not the panel doctor at all, but the Medical Foreman in charge of the fund, who has the right to say whether or not my prescriptions may be filled at the corner drug store. That is precisely the condition a doctor is compelled to submit to if he goes in under the panel, and he must go in under the panel if he exists at all. Now are there any questions?

Dr. Gallie: How does the law provide that doctors shall be selected to serve the people?

Dr. O'Reilly: They are to be selected by your medical society. That is what it is for—not to waste time on scientific business, not at all. Then Dr. Gallie will not go into that business. All right. Then he will go up to Albany, or down to Springfield, and he will present his credentials and his two dollar fee and his photograph and then they will say, "Tut, tut, naughty, naughty, doctor, I don't like the way you wear your hair, and I do not like the speech you made in Chicago where you pledged the co-operation of these doctors, and we can't allow you to be registered this year. (Laughter). We will do the best we can for you, doctor dear; you can take another medical examination"—and do you know what a swell chance you have of passing it today. (Laughter.) "Doctor, please mention the structures that pass through the foramina of the sphenoid bone"—just like that, and if you fail in that you have the gracious privilege of passing a second examination after you go to college for six months. Then you say, "I will take the matter to court." Very good. I have not enough sporting blood in my body to cover a three-cent piece, but I'll bet you a $10 gold certificate against a United Cigar Stores' certificate that you will be beaten to a pulp before you get into the court. In 1889 they passed a registration act in West Virginia which gave discretionary power to the registering board to determine whether you might practice or not, I don't know whether "the Lodges spoke with the Cabots and the Cabots spoke only with God" or what it was, but in the case of Dr. Dent versus the State of West Virginia they denied him the right to practice, because, forsooth, the man behind the desk did not consider the doctor's college, in another state, "reputable," the doctor had practiced for six years in that vicinity, but because he had not practiced for ten years, he was arrested and taken to jail, and the case was carried to the Supreme Court of the United States, and the Supreme Court decided the scope of police power embraced that act, and Dr. Dent, of West Virginia, served his time in jail.

When I said first that I was against the Medical Practice Act, I was informed that I would be crucified, and I said, "Doctor dear, I am not worthy so noble a death but you go right ahead and get the cross ready." (Laughter and applause). On the floor of the Assembly, when they made the statement that the state society was for it, an assemblyman from New York got up and said, "Yes, I know that, but the state society is not the whole show. It's a bad bill and the rank and file and the people in the state don't want it"—and they beat it out of its booth. (Applause). That is the Medical Practice Act you are going to get. You may not get it now because they are so busy in the State of New York, but it is coming, it has to come or J. B. Andrews is going to lose his job as Secretary, and his wife as assistant secretary, (of the A. A. L. L.) and they have to put it across—their jobs depend upon it.

Dr. Gillis: In what state will it be introduced?

Dr. O'Reilly: I believe in New York and New Jersey, but I don't know over night. Twenty-four hours before it was introduced last year I telephoned Mr. R. J. Caldwell, who was a member of the Executive Committee of the American Association for Labor Legislation, and asked when the bill would be introduced and he said he didn't know, and then I telephoned to J. B. Andrews and asked him when, and he said he didn't know, and he lied, because at that moment the bill was on its way to Albany and the next morning at 10 o'clock it was introduced. So you will not know until it is sprung on you. Preparedness is the thing you want now and now is the time for organization.

Dr. Hayden: Just what form of work should be attempted in Chicago?

Dr. Reilly: If I had an independent fortune I would go from Maine to California trying to beat this legislation, but I have not—but if I

lived in Chicago I would want to get out and go to the dentists and doctors and pharmacists in their assembly districts, where the votes are, and organize them. I would send an invitation to every doctor, dentist and druggist in the city to meet me on some certain night in the democratic or republican assembly headquarters, and I would get the headquarters without cost, too, or they would find out next election time what it really cost. I have sent out invitations to every doctor and dentist and druggist in a certain district and when the time came for the meeting I have found three men present, I talked to those three men just as earnestly as I am talking to you tonight, and they went out and got others and I would return and talk to twelve and then to 48 and I kept on until I got them up near the 100 per cent. mark, and even then men who had not gotten into the guild, we kept bombarding with literature all the time, so that some would stick somewhere and they would float in. Instead of doing damage to scientific societies the practical effect has been an increase in the membership in the county societies of doctors, dentists and druggists because they are beginning to realize that the doctors in these societies are human beings, after all, and they are glad to fraternize with them. Then I would go out into the assembly districts. At times, I was very depressed in the beginning, and then I struck a group in the 9th assembly district chapter and they went around with me and lent their inspiration to the organization of these other districts, and the same thing will happen here. Your druggists can talk to the people over the counters of drug stores and the dentists at the dentist's chair—get 'em when they have a gag in their mouth and you know they cannot help but listen (laughter) and it has to sink in, and in that way utilize it and your patients will soon begin to ask questions. Last November men in my assembly district asked me whom I wanted them to vote for, and remember I am not in politics. You can pass resolutions until you are black in the face, and submit them down at Springfield, Illinois, through a group of distinguished doctors, and as soon as they make their train the resolutions float grecefully into the wastebasket, but the people's voice is heard the state around and their votes sink very deep into the minds of the political leaders and advisers and they are taking no chances on having these people keep them home next year, and they are going to submit these bills to you and they will not railroad them. We opposed Compulsory Health Insurance and Chiropractice as well. It took Governor Smith five seconds to veto the Chiropractic Bill when it got to him. Why? Like taking postum, there's a reason. Shortly before that some one went to him and said, "for God's sake lay off the Compulsory Health Insurance Bill ,it raised the devil in King's county last November." (Laughter.) That is language you don't need a phonograph or a megaphone to hear. Following out that line of thought, it has proved its moral in New York County and we went up to Albany in 1920 with 62 counties in our vest pocket, and they listened, and you can go to Springfield with 102 counties in your pockets and they will listen. In New York with our organization and guilds of doctors, dentists and druggists in every county of the state, we have had the help of the Bar Association. That came around because at a dinner in Hakensack, N. J., the lawyers said, "Dr. O'Reilly is right; you doctors are all babies; you don't know. We do—that is our business, let us be your legal eyes."

These people say that they want to help the medical profession and then they proceed to pass, or insert a wedge into the medical practice act to act as a provision of the Birth Control scheme because they failed to get a birth control law. These uplifting people did that very trick. They withdrew the only thing that acts as a check on birth control with some doctors and people of the Margaret Sanger type, and in order that they might have the support of the birth control league they slipped it over and our state medical society almost became the sponsor of birth control in New York State.

Second thoughts are always best, if any question arises in your mind later, please make it your business to communicate it to Dr. Ochsner and the members of his Committee.

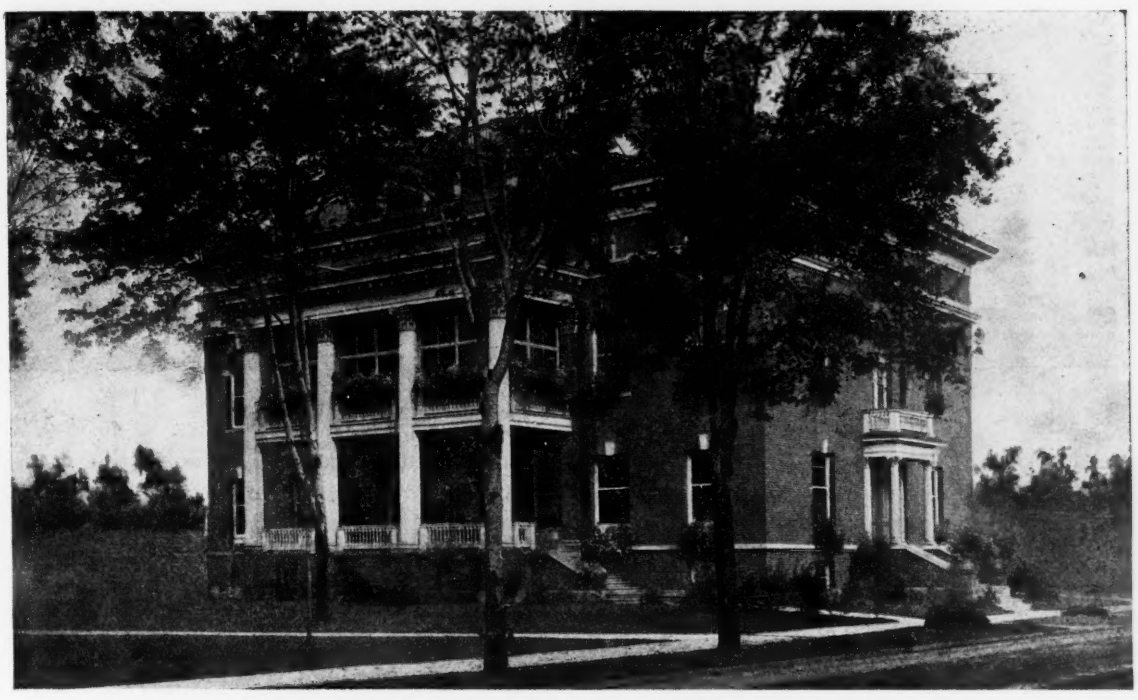
Let me show you the value of organizing doctors, dentists and druggists as medical citizens. In our 23 assembly districts we had chapters, with a chairman for each chapter; the county society arranged a symposium on compulsory health insurance with one proponent, Alexander Lambert, M.D., and two compromisers, Drs. Gaylord and Medill as speakers—no one for the opposition until the assembly district chapter chairman demanded and insisted, as evidence of fair play that the opposition be heard and Dr. Heeve, of the homeopathic group and myself were reluctantly designated; I called spades—spades and defined treachery in high places and you Westerners carried the spirit of Oct. 21, 1919, to New Orleans, April. 27, 1920, and saved the honor of the A. M. A. from prostitution at the hands of its committee on public health and instruction, which, by the way, may be expected to play up state medicine (health centers) in June even in the shadow of Fanueil Hall. That meeting of Oct. 21, 1919, is dear to me for one other reason—it made possible my meeting today the engineers of that coup in New Orleans, last April, which put the A. M. A. squarely on record "against compulsory health insurance, state or nationally controlled."

Bay City, Michigan

The Glad-Hand Town

and

Bay County Medical Society



BAY CITY BOARD OF COMMERCE CLUB

Convention Headquarters, Michigan State Medical Society.

Bay City, Michigan—a neighborly sort of place is this city, located where Saginaw River empties into Saginaw Bay, an arm of Lake Huron. It has 60,000 persons; modern industry is exemplified in world-known plans; a 16-mile harbor with corresponding dockage is available for the largest boats—when the Great Lakes-St. Lawrence tidewater route is in operation, Bay City will be a more important port than ever; over 250,000,000 pounds of sugar are produced annually, several million tons of excellent coal mined, millions of feet of all kinds of lumber manufactured. The city is under charter commission—city manager form of government; it is popularly known as the "Glad-Hand Town."

The wide, shaded streets, the spacious, well-kept lawns, the parks with their happy children, the various colonies of summer homes, all contribute to this impression of neighborliness. The gatherings in the clubs, the meeting on the streets, heighten the belief that Bay City folk are for Bay City folk, whether they are born here or come to cast their lot with those who were. Delving into the records of men who have made Bay City, brings the proof. The largest industries did not come from the outside. They were born of the vision and nerve of Bay City men; they were nursed through their infancy and brought to their present success—a success which takes the products of a number of them, wherever transportation reaches—by Bay City men and it was Bay City capital which financed them through. Bay City never had a so-called boom; its growth in comparison to some of the cities in the central states, has not been phenomenal; yet growth has been solid and substantial. In short, Bay City, by becoming a co-partner with its industrial pioneers has developed right along with

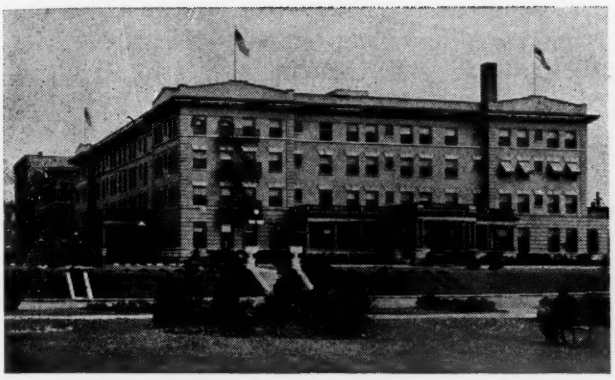
SAMARITAN HOSPITAL, BAY CITY, MICH.

its industries. Furthermore, under this system, local capital stays, and is used to develop other industries. The result is that there are now 376 plants employing approximately 16,000 with a payroll of millions; a large percentage of all the workers own their homes. Bay City turns out 110 important different articles and from this comes the name "The City of Diversified Industries."

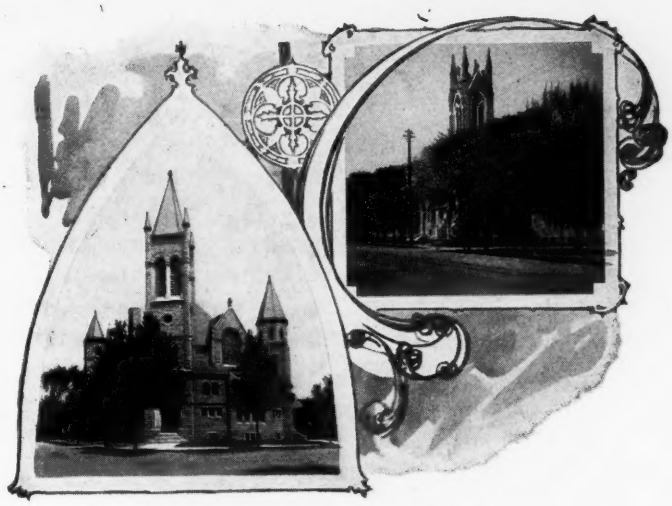
This spirit of neighborliness which brought about the industrial development, has made the city largely independent of the rest of the state; were it cut off from other communities, it could feed itself, clothe itself, provide its own sugar for its coffee and even a substitute for its coffee, because it is the center of the chicory belt. It could smoke its own cigars; could have fish every day of the week, its fishing industry amounting to nearly two million dollars yearly; the words "coal famine" are meaningless because of the half dozen mines with a supply of soft coal regarded as inexhaustible. There are cattle on the rich pastures in the country, sheep on the wilder lands, and hogs in the pens of farmers. Nor would the meat lack savor, because of the extensive salt industry.

The busy factories; the shipments to all the world; the turning out of mighty locomotive cranes, the kind with which the Panama Canal was dug, and which were much in evidence in France during the World's War; the 57 miles of paved streets; the 18 public schools; the 16 parochial and diocesan schools; the new central and two junior high schools under construction; the 56 churches and missions; the service by the following railroads: Michigan Central (5 divisions), Grand Trunk, Pere Marquette, Detroit & Mackinac, Detroit, Bay City & Western, Michigan Ry., (electric); Bay City & Saginaw Ry., (electric); the two belt lines connecting all industries with the various rail-

CITY HALL, BAY CITY.



WENONA HOTEL AND PART OF WENONA PARK,
BAY CITY.

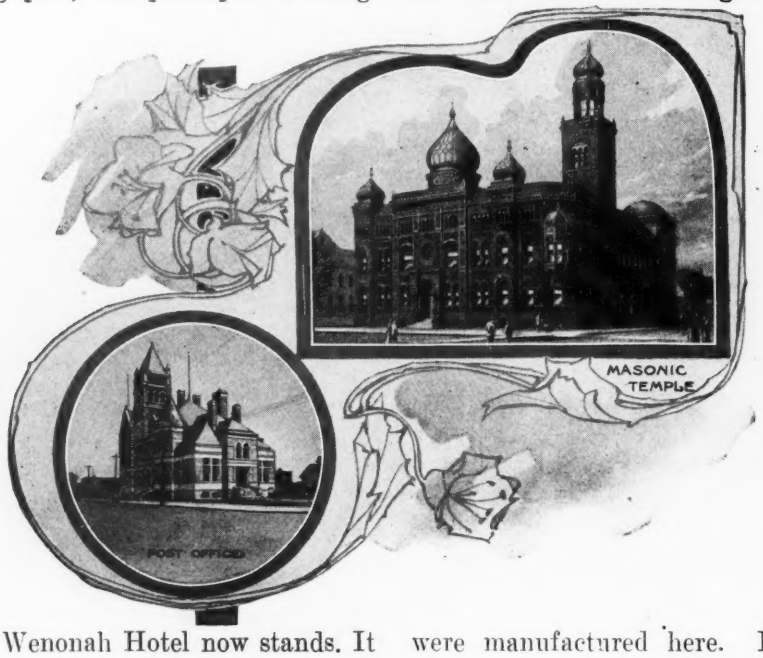


SOME BAY CITY CHURCHES.

THE CASINO, WENONA BEACH, BAY CITY.

roads—look at the map. These are of the Bay City of today.

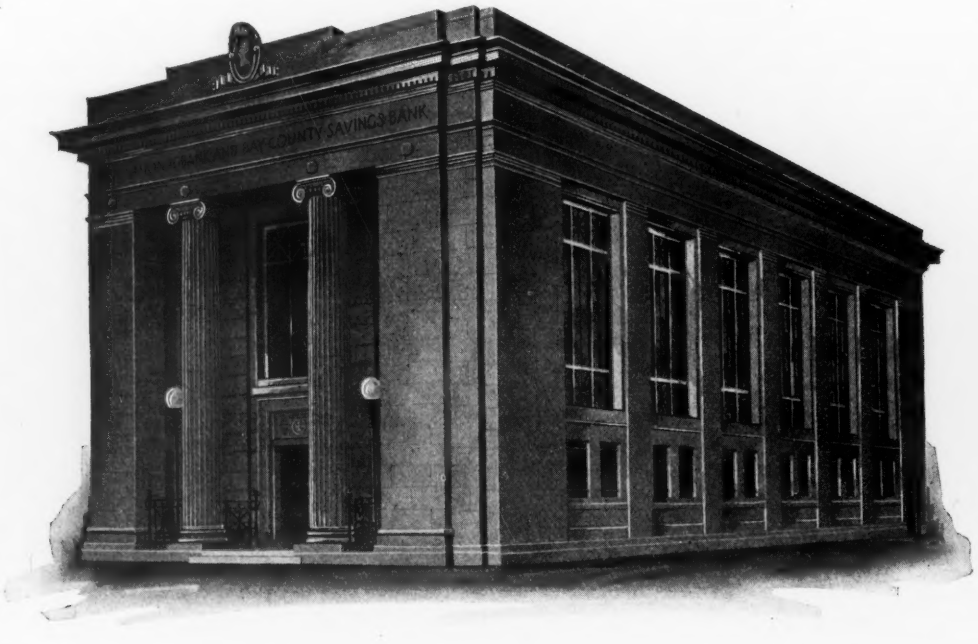
Comparatively speaking, only a few years ago the present site of Bay City was a Hudson's Bay Co., trading post, the principal building being where the Wenonah Hotel now stands. It was not until 1842 that a school house was opened. About that time capitalists were attracted by the possibilities of Bay City's white pine forests; Bay City was chosen the site of an experimental mill. The success led to the building of others, then came the hectic days when the red sash, the stagged trousers and caulked boots were everywhere. All along the Saginaw River these great mills were cutting, slashing and ripping the sweet-scented logs.

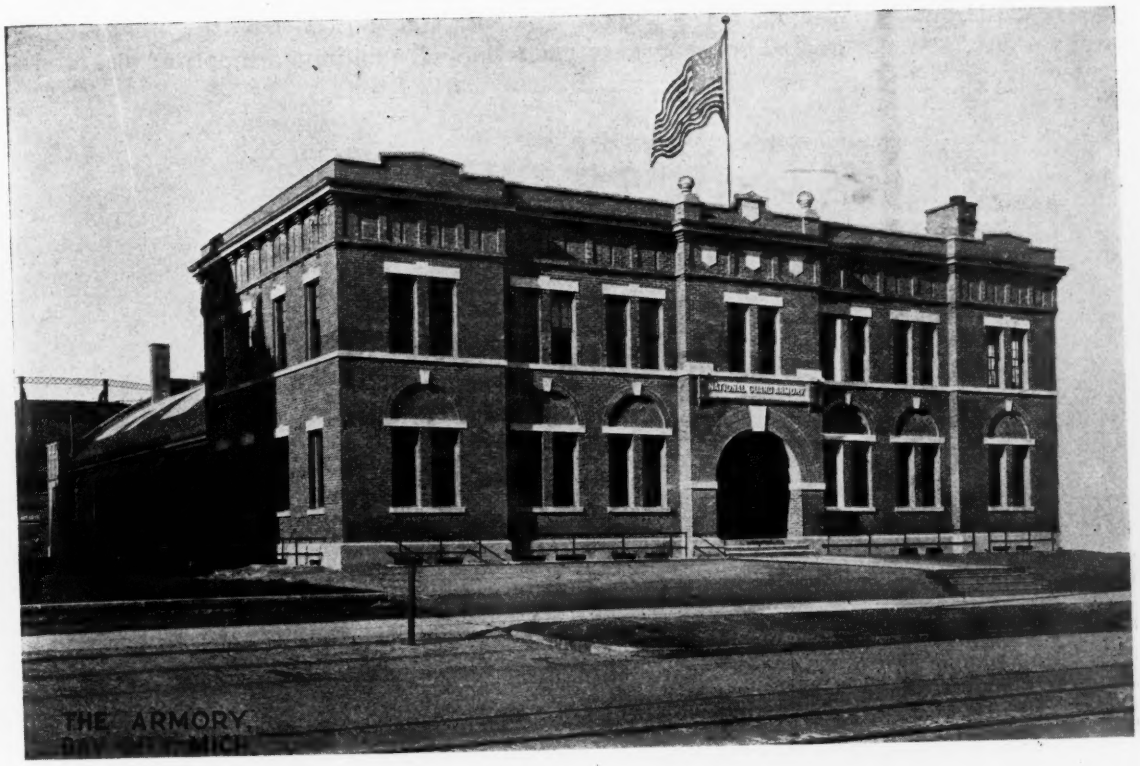


Bay City was the first town in Michigan to erect a sugar factory; it was the first large ship building center on the Great Lakes; it was the first great lumbering center in Michigan. The first railroad and traveling cranes in Michigan were manufactured here. Bay City has the pioneer firm constructing "readi-cut houses."

Unusually interesting plants are: knitting mills, sugar factories, chicory factories, alcohol factory, chemical factories, ship yards, electric transformer works, motor truck factory, veneer factories, dredge works, canning factories, furniture factories, automobile body factories, salt blocks.

Bay City has ten parks, also one state park. $250,000 has been expended on Wenonah Park.



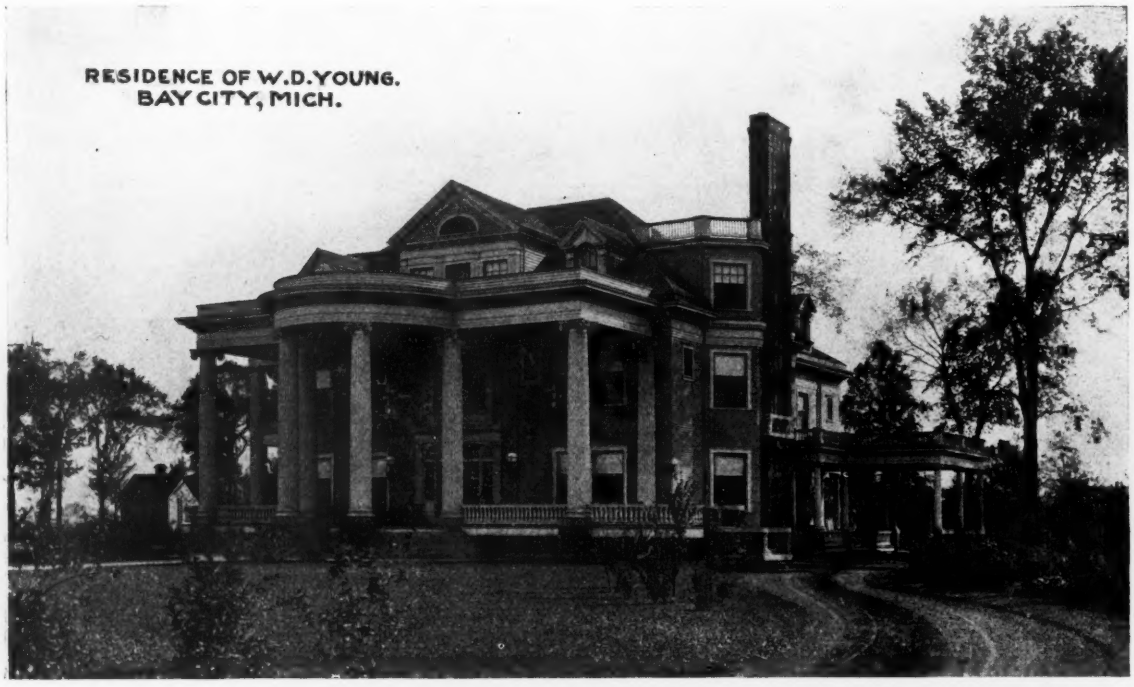

THE ARMORY


Residence of W.L.CLEMENTS
Bay City, Mich.

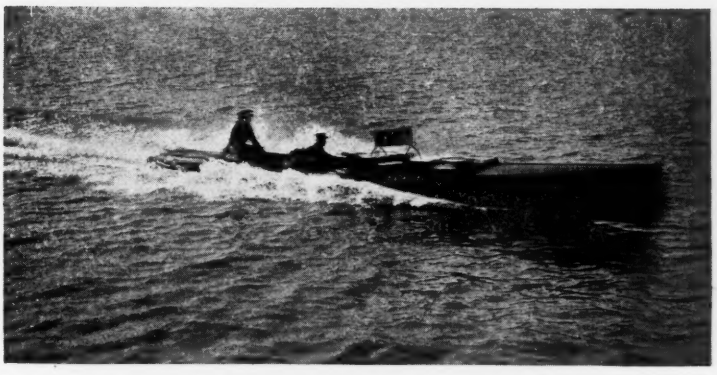
The magnificent Board of Commerce Club which is unsurpassed by any similar structure in the middle states, in a city of this size, will be the headquarters of the Michigan State Medical Society, at its annual convention next May. Practically all meetings will be held in its auditorium; sub-committees will meet in various other parts of the building.

The Board of Commerce is composed of the men whose vision in the past has made Bay City, and the young men whose vision will make the new Bay City. This organization points with pride and pleasure to the miles of dockage; the harbor; industrial sites, many of them having dock and railroad facilities; the transportation lines; the unlimited supply of coal mined in Bay County; cheap water transportation; health of the community; its desirability as a home city.

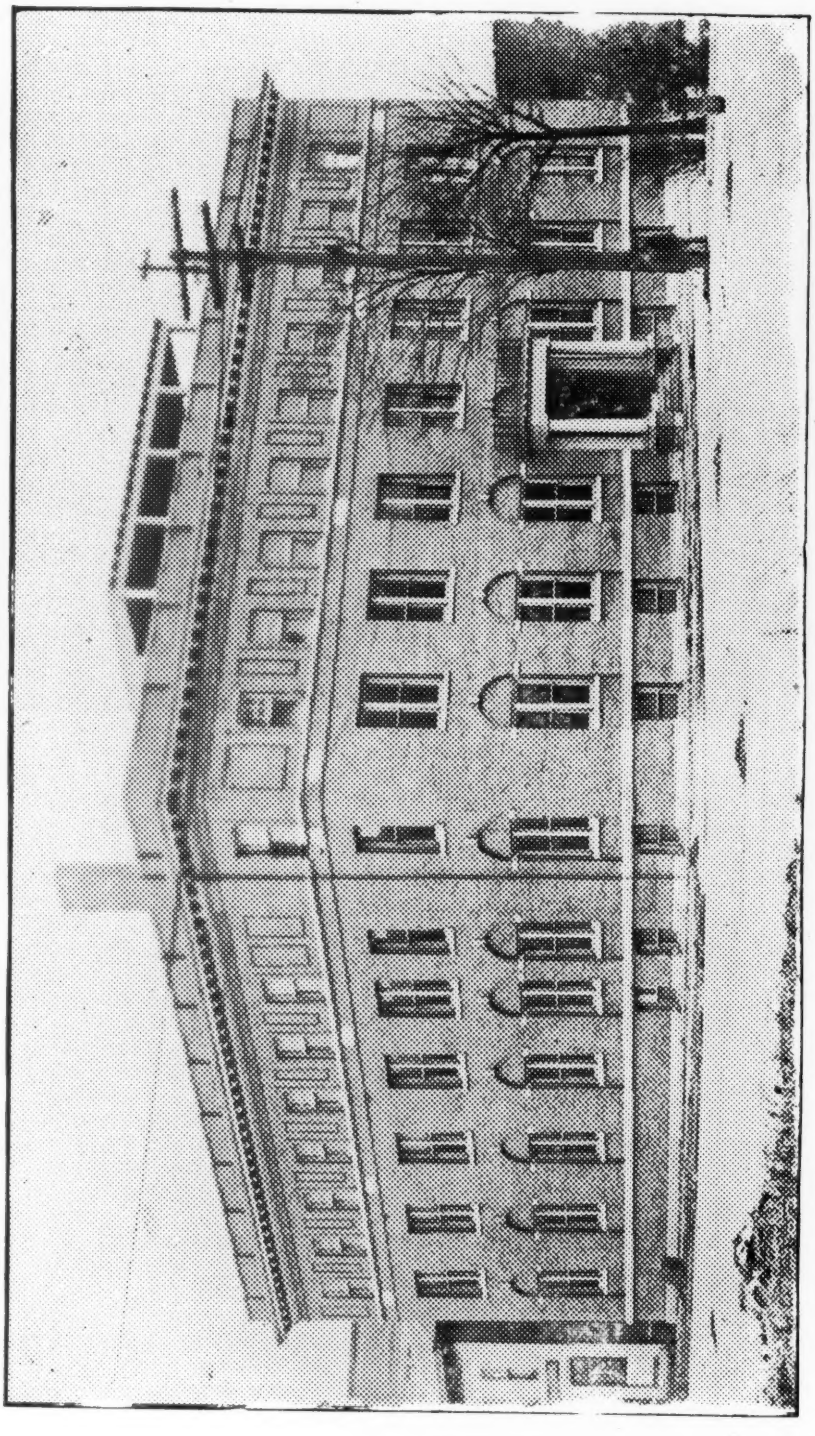
Bay City is proud of her past, equally proud of her present, sure of her future. She accords a cordial and sincere welcome to her guests.



BAY CITY BOAT CLUB.



POWER BOAT RACING AT BAY CITY.

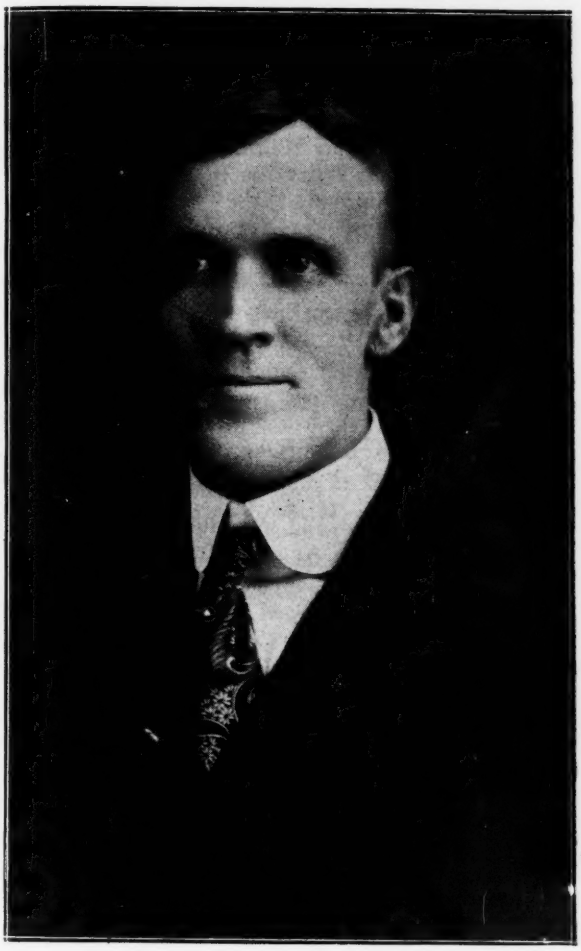


Y. M. C. A., BAY CITY, MICH.

THE BAY COUNTY MEDICAL SOCIETY.

The Bay County Medical Society has been in existence since the early seventies.

During its first decade its membership was irregular and uncertain, and its management was unfortunately in the direction of political



G. M. McDOWELL,
PRESIDENT

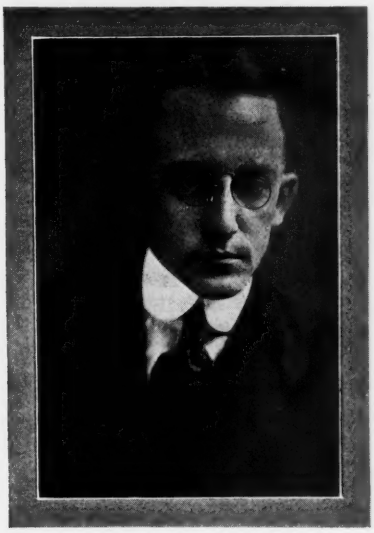
ambition rather than intellectual improvement and scientific investigation.

This condition of its life has been succeeded by the present organization, chartered and soundly established.

Its membership is now sixty-one and it has within its fold men who are indisputably capable to deal intelligently and successfully with all classes of cases coming within the domain of modern medicine and surgery.

Among its members is the venerable and highly esteemed scholar, Doctor H. B. Landon, a graduate of the University of Michigan in the sixties, and who, with Doctor T. A. McGraw, are believed to be the only men now living as charter members of our present State Society.

The meetings are held bi-monthly, when pa-



L. FERNALD FOSTER,
SECRETARY-TREASURER

pers of merit are read either by a fellow or one outside, well-known in the profession. Its meetings are also featured by social intercourse and refreshment inducements, tending to promote charitable companionship, a most desirable condition in the profession.

With this brief announcement the Bay County Medical Society has faith in its ability and desire to give the members of the State Medical Society a co-ordinate and convenient opportunity for its social and scientific meetings. Try us out please.

Official Program of the 56th Annual Meeting of the Michigan State Medical Society to be held in Bay City May 24, 25, 26, 1921

OFFICIAL CALL

The 56th Annual Meeting of the Michigan State Medical Society, its Council and House of Delegates will be held in Bay City, Michigan, May 24, 25, and 26, 1921, for the official transaction of such business as may regularly come for official consideration.

ANGUS McLEAN, M.D., President
W. J. KAY, M.D., Chairman of the Council

MEETING PLACES

GENERAL SESSIONS—Baptist Church.
HOUSE OF DELEGATES—Masonic Temple.
SECTION ON MEDICINE—Board of Commerce Auditorium.
SECTION ON SURGERY—First Baptist Church.
SECTION ON OBSTETRICS AND GYNECOLOGY—First Baptist Church.
SECTION ON OPHTHALMOLOGY AND OTO-LARYNGOLOGY—Elks Temple.
SECTION ON PUBLIC HEALTH—Masonic Temple.
County Secretaries—Ordinary, Wenonah Hotel.

TIME OF MEETINGS

May 24—
5:00 P. M. Council Meeting.
7:30 P. M. House of Delegates.
May 25—
8:00 A. M. House of Delegates.
10:00 A. M. General Session.
1:15 P. M. Section Meetings.
8:00 P. M. Evening Meeting
9:30 P. M. Smoker.
May 26—
8:00 A. M. House of Delegates.
9:00 A. M. Section Meetings.
11:30 A. M. General Session.
12:30 P. M. County Secretaries Meeting.
1:15 P. M. Section Meetings.

FIRST GENERAL SESSION

Angus McLean, M.D., President, Detroit.

F. C. Warnshuis, M.D., Secretary, Grand Rapids.

PLACE: First Baptist Church.

TIME: May 25th, 10:00 A.M.

1. Call to Order.
2. Invocation—Rev. J. Roy Van Wyck.
3. Address of Welcome—Hon. John G. Dean, Mayor, Bay City.
4. Address of Welcome—G. M. McDowell, President, Bay County Medical Society.
5. Response—President Angus McLean, Detroit.
6. Report of House of Delegates—State Secretary.
7. President's Annual Address, "The Existing Relations Between the Medical Profession and the Public and the Future Tendency." Angus McLean, M.D., Detroit.
8. Address—Community Hospitals, Victor C. Vaughan, Sr., M. D., Ann Arbor. Discussion: Dr. Harold Wilson, Detroit.
9. Nominations for President.
10. New Business.

SECOND GENERAL SESSION

MAY 25, 8:00 P. M.

1. Opening Remarks and Announcements, President Angus McLean, Detroit.
2. Address, "Radium." Curtis F. Burnam, M.D., Baltimore, Md. Opening Discussion: R. E. Loucks, M.D., Detroit; J. T. Case, M.D., Battle Creek; Alden H. William, M.D., Grand Rapids.
3. Adjournment.

THIRD GENERAL SESSION

MAY 26, 11:30 A. M.

1. Call to Order, President Angus McLean, Detroit.
2. Report of House of Delegates, State Secretary.
3. Report of Election of President.
4. Introduction of New President.
5. Unfinished Business.
6. Adjournment—Sine Die.

COUNCIL MEETINGS

MAY 24, 5:00 P. M.
MAY 25, 12:00 M.
MAY 26, 12:00 M.

The County Secretaries will meet with the Council at Luncheon at noon on Thursday, May 26th, in the Ordinary of the Wenonah Hotel.

HOUSE OF DELEGATES

Angus McLean, President, Detroit.

Fred'k C. Warnshuis, Secretary, Grand Rapids.

FIRST SESSION

May 24—Masonic Temple—7:30 P. M.

ORDER OF BUSINESS.

1. Call to Order.

2. Report of Committee on Credentials—J. H. Dempster, Chairman.
3. Roll Call.
4. Appointment of Committees:
   1. Election of Nominating Committee;
      The Nominating Committee to:
      a. Select place for holding 57th Annual Meeting.
      b. Nominate:
         1st Vice President
         2nd Vice President
         3rd Vice President
         4th Vice President.
      c. Nominate Councillors for:
         First District
         Third District
         Sixth District.
      d. Ballot for President.
   2. Appointment of Business Committee.
5. Annual Report of the Council, William J. Kay, M.D., Lapeer, Chairman.
6. Report of Committees:
   a. Industrial and Civic Relations.
   b. Public Health Education.
   c. Tuberculosis.
   d. Insurance.
   e. Venereal Prophylaxis.
   f. Delegates to A. M. A.
   g. Amendments to Constitution and By-Laws.
   h. Regional Clinics.
   i. Legislative Committee.
7. New Business:
   a. Report of Committee on Amendments to Constitution and By-Laws submitted at last Annual meeting:
      1. By J. A. Wessinger of Washtenaw:

ARTICLE VIII—SECTION 2.

The President and Vice-Presidents shall be elected for a term of one year; the Secretary and Treasurer shall be elected by the Council at its Annual Meeting in January and shall hold their offices for one year. The Councillors shall be elected for terms of six years; these terms shall be so divided that four Councillors shall be chosen each alternate year. There shall be one Councillor for each Councilor District and election to office shall be from a list of nominees submitted by the component Societies of the Councilor District from which the Councilor is to be chosen, each Society having the privilege of submitting one name. No Councilor shall be eligible to succeed himself. All of these officers shall serve until their successors are elected and installed.

      2. By J. D. Brook of Kent:

That Section 1, Article VIII, under "Officers" shall read: "The officers of this Society shall be a President, four Vice-Presidents, a Secretary, a Treasurer, a Speaker and Vice-Speaker of the House of Delegates," the rest of Section 1 to remain unchanged.

That Section 2 be changed to read "The President and Vice-Presidents, the Speaker and Vice-Speaker of the House of Delegates shall be elected for a term of one year," the balance of Section 2 to remain unchanged.

That Section 3 of the Same Article shall be changed to read, "The officers of this Society not otherwise elected, shall be elected by the House of Delegates on the morning of the last day of the Annual Session; but no Delegate shall be eligible to any office named in the first Section, except that of President or Councilor, Speaker and Vice-Speaker," the rest of Section 3 to remain unchanged.

That Chapter VII, Section 1, of the By-Laws, be changed to read, "The President shall preside at all general meetings of the Society, shall appoint all committees not otherwise provided for; shall fill all vacancies not otherwise provided for occurring by reason of death, disability or removal of any officer, councilor, or member of any committee, occurring during the fiscal year of the Society; shall deliver an annual address at such times as may be arranged; shall give a deciding vote in case of a tie, and shall perform such other duties as custom and parlimentary usage may require. He shall as far as practicable, visit by appointment the various sections of the State and assist the councilors in building up the County Societies and in making their work more practical and useful." The balance of Section 1, Chapter VII, to be stricken out.

An additional Section to Chapter VII of the By-Laws to be known as Section 6, shall read; "The Speaker shall preside at all meetings of the House of Delegates, and shall appoint all committees pertaining to the proper functioning of the House of Delegates. At least one month before the Annual Session he shall appoint a committee of three on credentials whose report shall be the first order of business of the first session of the House of Delegates."

RESOLVED That it is the desire of the members of the section on General Medicine of the Michigan State Medical Society, in annual meeting assembled, that the secretary be instructed to transmit to the House of Delegates the suggestion that a new section be formed for the purpose of presenting a program on Pediatrics.

   b. Resolutions.
   c. Motions.
   d. Miscellaneous Business.

SECOND SESSION

May 25—8:00 A. M.

1. Call to Order.
2. Report of Committee on Credentials.
3. Roll Call.
4. Reports of Committees.
   a. Business Committee.
5. Unfinished Business.
6. New Business.

THIRD SESSION.

May 26—8:00 A. M.

1. Call to Order.
2. Roll Call.
3. Report of Business Committee.
4. Report of Nominating Committee.
5. Unfinished Business.
6. Adjournment.

HOUSE OF DELEGATES

NOTE—The black face type that of the Delegate; the light face type that of the alternate.

ALPENA—Branch No. 48.

ANTRIM-CHARLEVOIX-EMMETT — Branch No. 41.

B. H. Van Leuven, Petoskey.

R. B. Armstrong, Charlevoix.

BERRIEN—Branch No. 50.

C. A. Mitchell, St. Joseph.

C. W. Merritt, Benton Harbor.

BENZIE—Branch No. 59.

H. J. Kinne, Frankfort.
E. J. C. Ellis, Benzonia.

BAY-ARENAC-IOSCO—Branch No.4.

R. E. Scrafford, Bay City.
M. Gallagher, Bay City.
Roy Perkins, Bay City.
F. S. Baird, Bay City.

BRANCH—Branch No. 9.

R. W. Mc Lain, Quincy.
F. W. Stewart, Coldwater.

BARRY—Branch No. 26.

C. Mc Intyre, Hastings.
F. Andrews, Woodland.

CALHOUN—Branch No. 1.

C. S. Gorsline, Battle Creek.
W. L. Godfrey, Battle Creek.
R. D. Sleight, Battle Creek.
E. M. Chauncey, Albion.

CLINTON—Branch No. 39.

Walter A. Scott, St. Johns.
D. H. MacPherson, Fowler.

CHEBOYGAN—Branch No. 58.

C. B. Tweedale, Cheboygan.
W. E. Chapman, Cheboygan.

CASS—Branch No. 36.

W. C. McCutcheon, Cassopolis.
E. W. Tonkin, Edwardsburg.

CHIPPEWA-LUCE-MACKINAW—Branch No. 35.

Robert Bennie, Sault Ste. Marie.
C. J. Ennis, Sault Ste. Marie.

DELTA—Branch No. 38.

G. B. Jorkman, Gladstone.
J. J. Walch, Escanaba.

DICKINSON-IRON—Branch No. 56.

EATON—Branch No. 10.

V. J. Rickard, Charlotte.
A. H. Burleson, Olivet.

GENESEE—Branch No. 24.

J. C. Benson, Flint.
Carl Moll, Flint.
F. E. Reeder, Flint.
W. H. Winchester, Flint.

GOGEBIC—Branch No. 52.

W. E. Tew, Bessemer.
G. E. Moore, Ironwood.

GRAND TRAVERSE-LEELANAU—Branch No. 18.

E. F. Sladek, Traverse City.
A. C. Wilhelm, Grawn.

GRATIOT-ISABELLA-CLARE—Branch No. 25

I. N. Brainard, Alma.
M. F. Brondstetter, Mt. Pleasant.

HILLSDALE—Branch No. 3.

Burt F. Green, Hillsdale.
J. A. Bates, Camden.

HOUGHTON—Branch No. 7.

M. D. Roberts, Hancock.

HURON—Branch No. 47.

W. B. Holdship, Ubly.
C. B. Morden, Bad Axe.
F. B. Van Nuys, Harbor Beach.
D. J. Monroe, Elkton.

INGHAM—Branch No. 40.

B. M. Davey, Lansing.
Samuel Osborne, Lansing.
E. I. Carr, Lansing.
Karl Brucker, Lansing.

IONIA—Branch No. 16.

V. H. Kitson, Ionia.
J. J. Defendorf, Ionia.
J. F. Pinkham, Belding.

JACKSON—Branch No. 27.

G. Pray, Jackson.
H. A. Brown, Jackson.

KALAMAZOO—Branch No. 64.

W. E. Collins, Kalamazoo.
O. M. Vaughan, Jr., Covert.
C. E. Boys, Kalamazoo.
L. V. Rogers, Galesburg.
N. L. Goodrich, South Haven.
Dan H. Eaton, Kalamazoo.

KENT—Branch No. 49.

J. D. Brook, Grandville.
F. J. Lee, Grand Rapids.
F. C. Kinsey, Grand Rapids.
A. V. Wenger, Grand Rapids.
W. E. Wilson, Grand Rapids.
V. M. Moore, Grand Rapids.
T. C. Irwin, Grand Rapids.
A. H. Edwards, Grand Rapids.

LAPEER—Branch No. 23.

I. E. Parker, Dryden.
N. D. McVicar, Imlay City.

LENAWEE—Branch No. 51.

E. T. Morden, Odrian.
C. H. Heffron, Adrian.

LIVINGSTON—Branch No. 6.

MACOMB—Branch No. 48.

MANISTEE—Branch No. 19.

H. McMullen, Manistee.
H. D.Robinson, Manistee.

MARQUETTE-ALGER—Branch No. 28.

A. W. Hornbogen, Marquette.

MASON—Branch No. 17.

MECOSTA—Branch No. 8.

G. H. Yeo, Big Rapids.
G. Grieve, Big Rapids.

MENOMINEE—Branch No. 55.

E. Sawbridge, Stephenson.
R. A. Walker, Menominee.

MIDLAND—Branch No. 43.

G. Sjolander, Midland.
E. J. Dougher, Midland.

MONROE—Branch No. 15.

H. W. Landon, Monroe.
H. L. Meck, Petersburg.

MONTCALM—Branch No. 13.

MUSKEGON—Branch No. 61.

F. B. Marshall, Muskegon.
F. W. Garber, Muskegon.

NEWAYGO—Branch No. 50.

C. Long, Fremont.
W. Geerling, Fremont.

OAKLAND—Branch No. 3.

R. H. Baker, Pontiac.
R. Y. Ferguson, Pontiac.

OCEANA—Branch No. 67.

J. H. Nicholson, Hart.
J. D. Buskirk, Shelby.

O. M. C. O. R. O.—Branch No. 11.

A. C. Mac Kinnon, Atlanta.
L. A. Harris, Gaylord.

ONTONAGON—Branch No. 66.

E. J. Evans, Ontonagon.
F. W. McHugh, Ontonagon.
J. S. Nitterauer, Ontonagon.
W. B. Hanna, Mass City.

OSCEOLA-LAKE—Branch No. 30.

OTTAWA—Branch No. 32.

R. H. Nichols, Holland.
A. Leenhouts, Holland.

PRESQUE ISLE—Branch No. 63.

SAGINAW—Branch No. 14.

H. J. Meyer, Saginaw.
G. H. Ferguson, Saginaw.

SANILAC—Branch No. 20.

J. W. Scott, Sandusky
C. E. Jeffery, Deckerville.

SCHOOLCRAFT—Branch No. 57.

W. J. Saunders, Manistique.
S. H. Rutledge, Manistique.

SHIAWASSEE—Branch No. 33.

A. L. Arnold, Jr., Owosso.
G. L. G. Cramer, Owosso.

ST. CLAIR—Branch No. 45.

C. C. Clancy, Port Huron.
W. W. Ryerson, Port Huron.

ST. JOSEPH—Branch No. 29.

TUSCOLA—Branch No. 44.

W. C. Garvin, Millington.
W. J. Sugnet, Gagetown.

TRI—Branch No. 42.

O. L. Ricker, Cadillac.
W. Joe Smith, Cadillac.

WASHTENAW—Branch No. 42.

Udo J. Wile, Ann Arbor.
John A. Wessinger, Ann Arbor.
James F. Breakey, Ypsilanti.
H. D. Barrs, Ann Arbor.
F. R. Waldron, Ann Arbor.
W. E. Forsythe, Ann Arbor.

WAYNE—Branch No. 2.

R. C. Andries, Detroit.
John N. Bell, Detroit.
Clark D. Brooks, Detroit.
Henry R. Carstens, Detroit.
R. L. Clark, Detroit.
W. R. Clinton, Detroit.
T. B. Cooley, Detroit.
James E. Davis, Detroit.
G. E. Frothingham, Detroit.
Herbert W. Hewitt, Detroit.
C. Hollister Judd, Detroit.
Charles F. Kuhn, Detroit.
H. A. Luce, Detroit.
Willard D. Mayer, Detroit.
Howard W. Peirce, Detroit.
George K. Sipe, Detroit.
Frank B. Walker, Detroit.
A. B. Wickham, Detroit.
Walter J. Wilson, Jr., Detroit.
H. Wellington Yates, Detroit.
E. W. Caster, Detroit.
John L. Chester, Detroit.
J. H. Dempster, Detroit.
H. F. Dibble, Detroit.
Leo C. Donnelly, Detroit.
I. S. Gellert, Detroit.
W. H. Gordon, Detroit.
R. S. Goux, Detroit.
H. E. Grant, Detroit.
H. I. Kedney, Detroit.
J. A. McGarvah, Detroit.
G. E. McKean, Detroit.
B. G. Monkman, Detroit.
J. R. Rupp, Detroit.
C. E. Simpson, Detroit.
W. J. Stapleton, Detroit.
C. L. Storey, Detroit.
H. L. Ulbrich, Detroit.
C. E. Weaver, Detroit.
L. F. D. Wendt, Detroit.
S. Wilson, Detroit.

SECTION ON GYNECOLOGY, OBSTETRICS AND ABDOMINAL SURGERY

CHAIRMAN, A. M. Campbell, M.D., Grand Rapids.

SECRETARY, Ward F. Seeley, M.D., Detroit.

FIRST SESSION

May 25th, 1:15 P.M.

First Baptist Church

1. Chairman's Address: The Attainment of Certain Ideals in Obstetrics.
   Alexander M. Campbell, M. D. Grand Rapids.
2. Cesarean Section, Some of Its Advantages,
   R. F. Webb, M.D., Grand Rapids.

3. The Care of the Pregnant Tuberculous Patient. (Lantern Slides).
C. E. Boys, M.D., Kalamazoo.
4. The Buried Loop Operation for Shortening the Round Ligaments.
John Bell, M.D., Detroit.

SECOND SESSION

May 26th, 9:00 A.M.
First Baptist Church

1. The Use of Transuterine Gas Infiltration and the X-ray in Diagnosticating Sterility in the Female.
Reuben Peterson, M.D., Ann Arbor.
2. When Should the Ovaries Be Retained and When Removed When Hysterectomy is Done.
Richard R. Smith, M.D., Grand Rapids.
3. Some Aids in the Treatment of Pelvic Inflammatory Disease.
E. K. Cullen, M.D., Detroit.

THIRD SESSION

May 26th, 1:15 P.M.
First Baptist Church

1. The Indications and Contra Indications for the Use of Pituitrin in Obstetrics.
R. S. Cron, M.D., Ann Arbor.
2. Idiopathic Fetal Edema.
Plinn Morse, M.D., Detroit.
3. The Woman in Labor.
W. P. Manton, M.D., Detroit.
4. Bacillus Coli Infections During Pregnancy and the Puerperium.
Howard H. Cummings, M.D., Ann Arbor.

SECTION ON SURGERY

CHAIRMAN, William Cassidy, Detroit.
SECRETARY, Norman M. Allan, Detroit.

FIRST SESSION

May 25th, 1:15 P.M.
First Baptist Church

1. Treatment of Fractures of the Lower Third of the Tibia and Fibula.
A. D. Laferte, M.D., Detroit.
Discussants: Angus McLean, M.D., Detroit; Grover Penberthy, M.D., Detroit; A. R. Hacket, M.D., Detroit.

Abstract of Paper for Discussion.
One of the most difficult, if not the most difficult fracture to treat, is that of the lower third of the tibia and fibula.
A method devised by the writer, will be shown which is a combination of a plaster boot and Thomas splint. This was used in France and later in civil practice at home. (Lantern Slides.)

2. Is the Mortality of Appendicitis Increasing?
H. E. Randall, M.D., Flint.
Discussants: B. M. Davey, M D., Lansing; R. J. Hutchinson, M.D., Grand Rapids; N. M. Allan, M.D., Detroit.

Abstract of Paper for Discussion.
Deaths from appendicitis have increased in Michigan.
The death-rate has increased faster than the rate of increase in population Inquiry to determine if disease is more prevalent or fatal or if diagnosis is not made early.
Many cases show, rigidity of external oblique with no rigidity of right rectus and are not diagnosed early.

3. Surgery of the Pancreas.
B. M. Davey, M.D., Lansing.
Discussants: C. D. Brooks, M.D., Detroit; R. R. Smith, M D., Grand Rapids; J. B. Kennedy, M.D., Detroit.

Abstract of the Paper for Discussion.
Importance of its location, surrounding structures, and its functions.
Method of approach to be guided by part affected and character of involvement.
Success to be obtained by early recognition of lesions in which surgery may be useful, viz: Stab wounds, crushing contusions, calculi, hemorrhage, abscess, cysts.
Report of my failures.

4. The Prophylaxis and Treatment of Anal Incontinence Following Operation for Fistulae.
L. J. Hirschman, M.D., Detroit.
Discussants: E. G. Martin, M.D., Detroit; R. E. Martin,M.D., Battle Creek; I. D. Loree, M.D., Ann Arbor.

Abstract of Paper for Discussion.
Many operations for ano-rectal fissures are improperly performed and the after-care misdirected and misunderstood. The anal sphincter muscles are severed and faulty healing prevents their re-union. Operative technique to prevent this accident is detailed. The repair of damaged sphincter is also described with particular reference to the use of sacral and local anesthesia.

SECOND SESSION

May 26th, 9:00 A.M.
First Baptist Church

1. Nerve Suture.
W. T. Dodge, M.D., Big Rapids.
Discussants: A. D. McAlpine, M.D., Detroit; R. Andries, M.D., Detroit; A. Blain, M.D., Detroit.
2. Atypical Cases of Appendicitis.
R. J. Hutchinson, M.D., Grand Rapids.
Discussants: G. H. Southwick, M.D., Grand Rapids; J. R. Andries, Detroit; A. D. McAlpine, M.D., Detroit.

Abstract of Paper for Discussion.
When recognized and brought to the surgeon in time means lives saved which otherwise are sacrificed. Special points, diagnosis, and treatment.

3. The Management of Reflex Retension of Urine Following Surgical Operations.
Hugh Cabot, M.D., Ann Arbor.
Discussants: Fred Cole, M.D., Detroit; H. W. Plaggmeyer, M.D., Detroit; John Dodds, M.D., Detroit.
4. Extra-Peritoneal Removal of Stones from the Pelvic Ureter.
A. E. MacGregor, M.D., Battle Creek.
Discussants: Hugh Cabot, M.D., Ann Arbor; J. B. Kennedy, M D. Detroit; C. D. Brooks, M.D., Detroit.

Abstract of Paper for Discussion.

Remarks on comparative value of transperitoneal, transvesical or the extra peritoneal approach. Incision dissection, identification of the ureter, location and manipulation of the stone, special instruments, after care, results, report of cases and exhibition of lantern slides.

THIRD SESSION

May 26th 1:15 P.M.
First Baptist Church

1. Surgical Treatment of Saddle Nose and Malignancies (Illustrated).
   Ferris N. Smith, M.D., Grand Rapids.
   Discussants: Udo Wile, M.D., Ann Arbor; (From Syphilographer's Standpoint).
   Walter Vaughan, M.D., Detroit: (From Surgeon's Standpoint).
   C. V. Crane, M.D, Kalamazoo; (From Standpoint of radio therapeutics).
2. Neoplasia of the Kidney (Illustrated).
   James E. Davis, M.D., Detroit.
   Discussants: F. W. Robbins, M.D., Detroit
   John Dodds,M.D., Detroit;
   William Cassidy, M.D., Detroit.
3. Dieulafoy Ulcer of the Stomach (exulceratio simplex).
   Charles Kennedy, M.D., Detroit.
   Discussants: P. M. Hickey, M.D., Detroit;
   C. E. Vrieland, M.D., Detroit;
   Angus McLean, M.D., Detroit.
4. Significance of Roentgen Ray Findings in Endocrine Disturbances.
   M. William Clift, M.D., Flint.
   Discussants: James T. Case, M.D., Battle Creek; J. E. King, M.D., Detroit;
   George Chene, M.D., Detroit.

SECTION ON EYE, EAR, NOSE AND THROAT

CHAIRMAN, E. P. Wilbur, M.D. Kalamazoo.
SECRETARY, H. W. Peirce, M.D., Detroit.

FIRST SESSION

May 25th, 1:15 P.M.
Elks Temple

1. Glaucoma.
   R. S. Watson, M.D., Saginaw.
   Discussants: Harold Wilson, M.D., Detroit
   M. E. Vroman, M.D., Port Huron.

   Abstract of Paper for Discussion.

   Anatomy of aqueous chamber. Iris angle important.

   Etiology: Age, sex, race, hyperopia, hypertension, Mydriatics. Obstruction to outflow of fluids from interior of eye. Excitement of any kind.

   symptoms: Pain, loss of vision, halos, etc.
   Diagnosis: Iritis, conjunctivitis.
   Treatment: Constitutional, laxatives, local, miotics, heat, iridectomy, irridotomy, Elliott, LaGrange.
2. The Giant Magnet in Ophthalmology.
   Ray Connor, M.D., Detroit.
   Discussants: Don N. Campbell, M.D., Detroit.

   Abstract of Paper for Discussion.

   Accurate localization with the X-ray necessary. Value of the magnet in removing steel from the external coats, anterior chamber, lens and vitreous. Illustrative cases. Anterior vs. scleral routes. Causes of failure to extract the foreign body, to save vision or the eyeball. Danger of sympathetic ophthalmia.
3. Tenotomy of the Inferior Oblique Muscle.
   Walter Parker, M D., Detroit.
   Discussants: Walter E. Spicer, M.D., Jackson.

   Abstract of Paper for Discussion.

   The group of cases in which partial paralysis of the superior rectus leads to excessive deviation in the other eye, due to over stimulation of the inferior oblique, will be considered. Reports will be made of results obtained from tenotomy of the inferior oblique at its origin.
4. Problems Encountered in the Treatment of Industrial Injuries of the Eye.
   Howell L. Begle, M.D., Detroit.
   Discussants: R. G. Sleight, M.D., Battle Creek; John W. Orr, M.D., Flint.

   Abstract of Paper for Discussion.

   The Treatment of minor injuries to prevent infection. Use of conjunctival flaps in perforating injuries. Questions relative to the removal of metallic fragments from the eyeball. Indications for the removal of traumatic cataract. Visual loss in aphakic eye. Indications for removal of eyeball. Operation of choice. Treatment of severe burns of the eyeball and eyelids.
5. Botulism: With Special Relation to the Ophthalmologist and the Laryngologist.
   Burton Colver, M.D. Battle Creek.
   Discussant: John G. Huizinga, M.D., Grand Rapids.

   Abstract of Paper for Discussion.

   The unexpectedness of the isolated case, the virulence of the outbreaks, the very earliest symptoms ocular—the gravest symptoms pharyngeal. It is within the province of our specialty to have earliest opportunity to diagnose and succour these victims.

   A brief historical review: The bacillus, its spore, its toxine, its source, various outbreaks, the symptomatology, the pathology, the prophylaxis, the active treatment, with report of recent cases.
6. Diagnosis and Treatment of Diseases of the Esophagus.
   Thomas Hubbard, M.D., Toledo, O.
   Discussants: P. M. Hickey, M.D., Detroit; William Fowler, M.D., Detroit.

   Abstract of Paper for Discussion.

   The list of diseases includes: esophagismus and allied disorders (glabus hysterious and cardiospasm) organic nerve diseases, acute inflammatory conditions and periesophageal abscesses; foreign bodies and traumatic lesions; the treatment of fibrous strictures caused by alkaline and acid corrosion.

SECOND SESSION

May 26th, 9:00 A.M.
Elks Temple

1. Tuberculoma of the Cerebellum.
   Carl McClelland, M.D., Detroit.
   Discussant: Neil Bentley, M.D., Detroit.
2. Wittmaack's Views Concerning the Normal and Pathologic Pneumatization of the Temporal Bone.
   Emil Amberg, M.D., Detroit.
   Discussant: Jacob Wendel, M.D., Detroit.

Abstract of Paper for Discussion.

The monumental work of Wittmaack is considered one of the greatest contributions to otology. The development of the pneumatic system of the temporal bone takes place with greater regularity than has been supposed heretofore.

There are three periods of development, that of the spongious structure, that of the mixed spongious pneumatic structure, and that of the complete pneumatization.

3. Treatment of Subacute and Chronic Otitis Media by the X-Ray.

Robert Beattie, M.D., Detroit.

Discussants: G. M. Waldeck, M.D., Detroit
George C. Chene, M.D, Detroit.

Abstract of Paper for Discussion.

Physical action of rays. Pathology of Otitis media. Differentiation between acute and chronic otitis media. Discovery of method in course of diagnostic X-ray examination. Technic. Case Histories.

4. Acute and Chronic Labyrinthitis. Illustrated by film and slides.

Willis A. Potter, M.D., Detroit.

Discussant: Calvin R. Elwood, M.D., Menominee.

Abstract of Paper for Discussion.

The Specimens show degenerative and destructive processes of the spiral ganglion, corti organ, corti membrane, nerve endings, bony structures within and around the labyrinth, newly formed blood vessels, and newly formed bone as the result of infection extending to within its boundaries or atrophic changes due to oto-sclerosis and dry middle ear catarrh.

THIRD SESSION

May 26th, 1:15 P.M.
Elks Temple

1. Election of Chairman.
2. Symposium on Sinusitis:
   a. Frontal Sinus.

A. C. Furstenberg, M.D., Detroit.

(Symptomatology, Diagnosis, Differential diagnosis and treatment. Intra nasal and radical extra nasal operations. Special indication for choice of operative procedure.)

   b. Ethmoid Sinuses.

Duncan Campbell, M.D., Detroit.

(Symptomatology, diagnosis, and treatment, choice of conservative or radical procedures, complications, cause of failures.)

   c. Sphenoid Sinus.

H. Lee Simpson, M.D, Detroit.

(Anatomical variations, frequency of pathological conditions in our climate. Importance of considering climate of region in which work reported is done. Fallacy of considering location of head pain as characteristic of disease of certain sinuses. Absolute importance of method of completeness of examination of sphenoidal sinuses.)

   d. Maxillary Sinus.

Ferris N. Smith, M.D., Grand Rapids.

(Brief review of accepted operative measures on the antrum, conditions which determine the selection of an operative procedure, post operative care from the standpoint of both surgeon and patient, end results. An original radical operative procedure which obviates dressings and produces perfect results in a few days.)

   e. Eye Changes and Complications.

Herman W. Sanderson, M.D., Detroit.

(The anatomy of the sphenoidal and posterior ethmoid cells is subejct to such variations that in many cases in disease of those cells the adjacent optic nerve is affected. These form a definite group of cases which owing to the distribution of the optic nerve fibrus in the retina may be selected by ophthalmoscopic and perimetric examinations.

   f. Brain Complications.

Robert B. Canfield, M.D, Ann Arbor.

Discussants: B. R. Shurley, M.D., Detroit;
W. Haughey, M D., Battle Creek;
W. O. Merrill, M.D., Detroit.
A. E. Owen, M.D., Lansing;
G. E. Frothingham, M.D., Detroit.

3. Film on Hair Lip Surgery.

C L. Straith, M.D., Detroit.

Abstract of Paper for Discussion.

A few of the important points in the treatment of cleft palate and hare lip defects will be considered briefly, as the ideal time for operation on the various types of deformities, the treatment of the pre-maxillary protrusion, etc.

In order to demonstrate the value of moving pictures as a means of instruction in surgical technique, a film will be shown, demonstrating in detail, the entire procedure of the surgical correction of a single hare lip.

SECTION ON GENERAL MEDICINE

CHAIRMAN, Hugo M. Freund, M.D., Detroit.

SECRETARY, Willard D. Mayer, M.D., Detroit.

FIRST SESSION

May 25th, 1:15 P.M.
Board of Commerce Auditorium

1. Chairman's Address.
2. Perforating Gastric Ulcer.

V. L. Tupper, M.D., Bay City.

3. Abdominal Angina.

A. W. Crane, M.D., Kalamazoo.

4. Transduodenal Lavage of the Gall Bladder.

Charles Stewart, M.D., Battle Creek.

5 Pylorospasm and Stenosis in Infancy.

David J. Levy, M.D., Detroit.

6. Changing the Intestinal Flora.

W. E. Martin, M.D., Battle Creek.

Abstract of Paper for Discussion.

The paper will discuss four different bacteriological types of stool, the character of the toxins formed by bacterial decomposition, the effects of these toxins upon the metabolism of the patient. Methods and technique will be discussed.

SECOND SESSION

May 26th, 9:00 A. M.
Board of Commerce Auditorium

1. Luminal Treatment of Epilepsy.

J. M. Stanton, M.D., Detroit.

2. Sequelae of Lethargic Encephalitis.

Carl D. Camp, M.D., Ann Arbor.

3. A Typical Case of Botulism and its Specific Therapy.

Merrill Wells, M.D., Grand Rapids.

4. A Dermatological Subject.

R. C. Jamieson, M.D., Detroit.

THIRD SESSION

May 26th, 1:15 P.M.

Board of Commerce Auditorium

1. Election of Officers.
2. Present Status of X-ray Therapy.
   V. M. Moore, M.D., Grand Rapids.
3. General Indications for the Use of Therapeutic Pneumothorax.
   Herbert M. Rich, M.D., Detroit.

   Abstract of Paper for Discussion.
   Fundamental reasons for the adoption of this method of treatment. Clinical conditions in which it has been found useful. Dangers and limitations.
4. Vaccine Treatment of Asthma.
   A. D. Wickett, M.D., Ann Arbor.
   Cecil Corley, M.D., Ann Arbor.
   J. T. Connell, M.D., Ann Arbor.

   Abstract of Paper for Discussion.
   I. Introduction.
   II. Selection of Material for Vaccine.
   III. Preparation of Vaccine.
   IV. Dosage.
   V. Case Reports.
5. Measure to Further Reduce the Mortality of Diphtheria.
   F. M. Meader, MD., Detroit.

   1. The ratio of cases to deaths since the use of antitoxin has become general has decreased to a certain level below which in recent years it has been impossible to go.

   2. Suggestions as to why deaths from diphtheria occur:
      a. Delay in diagnosis.
      b. Delay in administration of antitoxin.
      c. Presence of a powerful toxin producing organism.
      d. Clientelle ignorant of the importance of early diagnosis.
      e. Children of clientelle not immunized against diphtheria.

   3. A large number of susceptible children exposed to infection.

   4. Immunization of susceptibles by the use of toxin antitoxin.
      a. Experience in certain foreign cities.
      b. Experience in New York City.
      c. Experience in Detroit.

   5. Recommendations.
6. A study of 62 Cases of Mitral Stenosis.
   Walter J. Wilson, M.D., Detroit.

   Abstract of Paper for Discussion.
   Age incidence. Etiology, Diagnosis. Symptomatology. Complications with special reference to arryhythmias. Treatment. Illustrated with lantern slides.
7. Digitalis Therapy.
   J. B. Whinery, M.D., Grand Rapids.

Tentative Program of the Annual Meeting of the MICHIGAN PUBLIC HEALTH ASSOCIATION

To be held in conjunction with the annual meeting of

Michigan State Medical Society, Bay City, May 25-26, 1921.

General Session, Wednesday, May 25, 1921—1:15 P. M.

1. Address: "The Influence of Disease on History." By Dr. Mazyck P. Ravenel, Columbia, Missouri. President American Public Health Association.
   Discussion: Dr. Guy L. Kiefer, Detroit.
2. Address by Dr. C. C. Slemons, Grand Rapids. President Michigan Public Health Association.
3. "The Prevention of Diphtheria."
   Dr. J. A. Humphrey, City Health Officer, Lansing.
   Discussion: Dr. C. F. Neafie, Health Officer, Pontiac, Dr. C. P. Drury, Health Officer, Marquette.
4. "The Relation of Community Clinics to Public Health." Dr. William DeKleine, Health Officer, Flint.
   Discussion: Dr. David Littlejohn, Health Officer, Ishpeming; Dr. A. H. Rockwell, Health Officer, Kalamazoo.
5. "School Inspection." Dr. C. J. Addison, Health Officer, Muskegon.
   Discussion: Dr. T. E. McGurse, Health Officer, Port Huron; Dr. A. A. Hoyt, Health Officer, Battle Creek.
6. "The Public Health Problem of Throat Infections." C. C. Young, Ph.D., Director of Laboratories, State Dept. of Health, Lansing.
   Discussion: Dr. George F. Clark, Health Officer, Saginaw; Dr. C. W. Olsen, Health Officer, Ironwood.

Section Meetings, Thursday, May 26, 1921—9 A. M. to 1:15 P. M.

Section A 1. Public Health Administration,
Chairman, Dr. R. M. Olin, State Health Commissioner, Lansing.
2. Vital Statistics,
Chairman, Mr. William F. Petrie, Department of State, Lansing.

Section B 1. Child Hygiene,
Chairman, Dr. F. M. Meader, Department of Health, Detroit.
2. Public Health Nursing,
Chairman, Mrs. Lystra Gretter, Detroit.

Section C 1. Sanitary Engineering,
Chairman, Prof. William C. Hoad, University of Michigan.

Section D 1. Laboratory,
Chairman, Dr. C. C. Young, State Department of Health, Lansing.

The proposition of holding section meetings is more or less of an experiment, and the success of such meetings will depend largely upon how well the annual meeting is attended.

In order not to sub-divide the groups too far, it has been decided to join the sections on Public Health Administration and Vital Statistics; likewise the sections on Child Hygiene and Public Health Nursing. Each subject, however, is assigned to a program chairman and it is anticipated that the respective chairmen will consult each other in the preparation of their programs.

ENTERTAINMENT

Tuesday Evening, May 24th, 9:00 P.M.

Informal reception and smoker, tendered by the profession of Bay County to all visiting members, Chamber of Commerce.

Wednesday, 10:00 P. M., May 25th—Elks Club.

FOR THE LADIES

May 24, 8:30 P. M.—Theatre Party.
May 25, 10:00 A. M.—Auto Ride and luncheon.
May 25, 5:30 P. M.—Dinner.

REGISTRATION

The Registration Booth will be located in the Chamber of Commerce Building and will be open from 1:00 P. M. to 8:00 P. M., May 24; from 7:30 A. M. to 7:00 P. M., May 25th; from 8:00 A. M. to 3:00 P. M., May 26th.

Delegates must present their credentials to the Credential Committee of the House of Delegates.

LOCATION OF BUILDINGS

First Baptist Church—Center and Madison Avenues.

Board of Commerce Club—Center and Jefferson Street.

Elks Temple—Center and Adams Street.

Masonic Temple—Sixth and Madison Avenue.

HOTELS

Wenonah
Kimbark
Imperial

GARAGES

Bay City Bus Company.
Special rates for this meeting.

LOCAL COMMITTEE ON ARRANGEMENTS

RECEPTION: Doctor P. R. Urmston, Chairman, with entire Bay County Society as members.

ENTERTAINMENT: Doctors Perkins, Hauxhurst, Gallagher, Gustin Baird and Crance.

LADIES' ENTERTAINMENT: Doctors Williams, Ely, Tupper and wives of Society members.

EXHIBITS: Doctors Loud, Stone, Trumble and Huckins.

HOTELS AND ACCOMMODATIONS: Doctors Dumond, Slattery, Foster, Zaremba, and Stewart.

LOCAL ARRANGEMENTS: Doctors Grosjean, Baker, and T. A. Baird.

PRINTING: Doctors L. S. Ballard, McEwan, Bergstrom and Lawrence.

PRESCRIBING FOR THE DOCTORS.

Anger is stirring some of the medical fraternity over the case of the little Waukegan, Ill., girl who was reported in the daily press as having been cured of incessant talking by a chiropractor. Through the weekly bulletin of the Wayne County Medical Society, it appears that the American Medical Association has been investigating the matter, and has published a statement that the girl had epidemic encephalitis—otherwise, brain fever—that she was not cured, and that the chiropractor was discharged by the family after he had failed to restore her to anything resembling health.

The most effective portion of the complaint is that the daily papers, besides publishing long articles and features about the "miracle," accepted paid advertisements from the chiropractors, and did not retract or stop printing the advertisements after the chiropractor's "cure" turned out a fake, as the A. M. A. charges it to have been.

Obviously, there is room enough for severe criticism of the people who took the money for space in which the "miracle" was exploited unless they had made careful investigation of the claims set forth. We may also fairly blame papers which may have really refused to print a correction about the matter. But we doubt very much whether one paper in ten, throughout the country, has ever heard there was a correction. They would never discover it through the Journal of the A. M. A., a periodical which is seen by very few excepting physicians. Certainly not many Detroiters, editors or otherwise, would ever see the bulletin of the Wayne County Medical Society. One may almost say that no more effective way of concealing the truth could be found to to print it only in such organs as these.

It is surely unfortunate if quacks, with the assistance of yellow journalists, deceive the public. But the doctors cannot expect the public, nor the average newspaper editor, to know technical truths intuitively. If they would drop some of their antediluvian ideas about the ethics of publicity and help instruct the public through the press, there would be far fewer incidents which would stir their choler. They might also find the public more responsive to their views on other matters affecting the profession.

The Journal
OF THE
Michigan State Medical Society
ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

Editor and Business Manager
FREDERICK C. WARNSHUIS, M.D., F.A.C.S.
Grand Rapids, Mich.

GUY L. CONNOR, M.D., F.A.C.P.
Associate Editor, Detroit.

Entered at Grand Rapids, Michigan, Postoffice as second class matter.
Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized July 26, 1918.

All communications relative to exchanges, books for review, manuscripts, news, advertising, and subscription are to be addressed to F. C. Warnshuis, M.D., 4th Floor Powers Theater Building, Grand Rapids, Mich.

The Society does not hold itself responsible for opinions expressed in original papers, discussions, communications, or advertisements.

Subscription Price—$5.00 per year, in advance.

May, 1921

Editorials

ETHICAL ADVERTISING.

Probably never before in the history of medicine was there more need for clear thinking on the subject of publicity, than at the present time. Medical specialism may be classified into anatomical specialties, such as gynecology, laryngology, neurology and the laboratory specialties such as X-ray, bacteriology, clinical microscopy or pathology. The latter class of specialty is being exploited by money interests, who resort to the advertising pages for their personal agrandizement. A well-known hospital with salaried medically trained employes recently used the advertising pages of the public press to reach the eyes of the people.

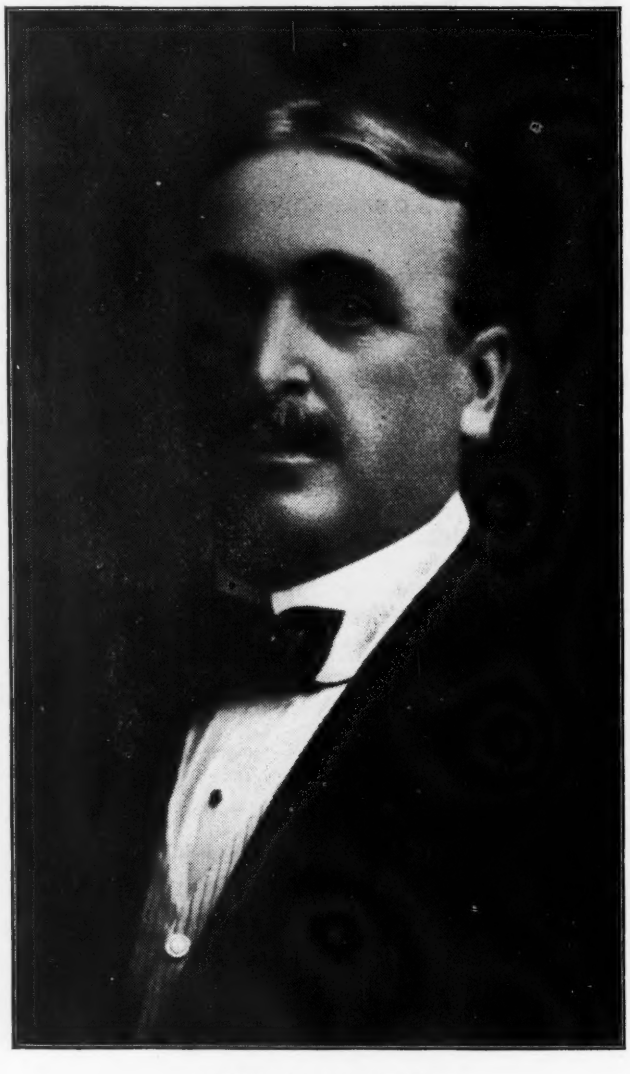
This leads to the question, What is Ethical Advertising? The time was when all professional men wore the badge of their profession in their personal attire. A relic of this custom still remains in the vesture of the clergyman. The physician's handbag and the emblem on his automobile are in a sense advertising. The term Doctor or the M.D. after his name are constant reminders of the medical man's vocation. They are, however, legitimate means of attracting the attention of the public to the doctor's calling. The publication of papers in professional journals are likewise legitimate, and the mailing of reprints of published articles is likewise considered within the bounds of propriety, as is also the publication of books. The medical book if carefully and authoratively written is simply carrying the idea of the reprint to greater permanence and completeness. This also affords the writer legitimate publicity. The delivering of addresses before medical societies is in the same category as the writing or scientific papers and books. Teaching in medical colleges is another form of publicity, but the best form of advertising is thorough, honest and conscientious work. This is ethical advertising first because any reference by way of self-praise of the author or doer is eliminated and it is advertising (ad, to and verto, I turn) inasmuch as the attention of the medical profession is turned towards or drawn to the particular kind of work the writer or speaker is doing.

A merchant may advertise his goods and if he is strictly within the bounds of truth his advertising is ethical. There is a difference between proclaiming one's personal ability and urging on the attention of a prospective buyer the superiority of one's merchandise.

Any form of self praise is objectionable whether it appears in a medical journal, newspaper or theological publication. It is the tendency to extol ones personal merits that has made advertising of professional services such a delicate and questionable subject.

Now is the time that the profession should study the social and economic phase of medical practice. If the profession is to allow itself to be exploited by capitalistic interests there is no telling where such exploitation will end. The next step will be the organization of stock companies and by means of advertising campaigns, the individual doctor will be relegated to obscurity. Are we going to stand idly by and watch the commercializing of the most human profession in existence?

J. H. Dempster.



ANGUS McLEAN
President

ANNUAL MEETING.

This issue contains the programme for our annual meeting in Bay City. We are also publishing a pictorial and word description of Bay City. Our section officers have succeeded in arranging sectional programmes that promise well for profitable sessions. It will be noted that the essayists are all Michigan men and the subjects are most practical. We are certain that the speakers will meet up to a high standard and that the discussions will impart that benefit which always results from the exchange of our personal experiences.

The profession of Bay City has perfected splendid arrangements for the care and entertainment of those in attendance. Our comforts will be well attended to. We know a most cordial reception awaits.

The discussion on Radium by Dr. Curtis Burnam, of Baltimore, was arranged for by President McLean. Dr. Burnam is the recognized authority on radium in this country. We have every reason to believe that he who hears Dr. Burnam will receive a practical understanding of the value and therapeutics of radium.

We were fortunate in being able to secure Dr. Burnam for this meeting.

There are a number of other good things in store. We can but urge that each member arrange to attend. Our Bay City meeting will stimulate you to better work. Write now for your reservations and plan your work so as to spend the entire three days in Bay City. For details refer to the programme

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COMPULSORY HEALTH INSURANCE.

We are publishing in this issue a stenographic report of the conference held in Chicago by the Physicians, Dentists and Pharmacists of that city. The main speaker was Dr. O'Reilly of Brooklyn. The doctor is the President of the New York organization of physicians, dentists and druggists that accomplished, by its organizational work, the defeat of the Davenport bill that sought to introduce Health Insurance in New York.

We are desirous of keeping our members informed as to the incidents that are taking place in this attempted effort to institute this form of state medicine. The proponents are persistently active in their campaign. As a profession we are too complacent. We are not pursuing a course characterized by concerted action to defeat the ends sought by these would be reformists. The need presents more pressingly than ever that we manifest a keener interest in the solution of this problem. It is by no means a vague possibility. There is a need for wide dissemination of information. There is greater need for telling action on the part of our members.

This past week we read of a statement made by a professor of the Socialogical Department of our University in addressing a lay audience in Grand Rapids in which he declared that unless physicians reduced their fees there would be no alternative but state medicine. This is but another instance of a member of the University seeking to dictate the policy of physicians. What we want to know is why not reduce attorney and engineering fees and the salaries of faculty members? Evidently this speaker has been converted to the Ann Arbor idea, or, is he but one of a corps being sent out designedly to agitate the subject and enroll public support by appealing on the basis of financial expense? We are just wondering wherein the connection, if any, exists.

Then again in this issue we are publishing an amendment introduced in the legislature this week. This amendment seeks to establish fees for the professional services we render to patients in a hospital. That is but the beginning of price marking.

News also reaches us that in the Hospital Plan at Ann Arbor the salary of the full time attending professor shall be $25,000 per year as a maximum limit.

And so we might continue to cite incidents that appear with increasing regularity and indicate that while we remain "at rest' our future is being shaped without effective protest. How long do you propose to remain silent?

LEGISLATIVE INFLUENCE.

Reference has been frequently made to the advice given to certain New York physicians "to go home and organize, etc." The implication is made that organization is all that is required to secure legislation influence and prestige. That organized effort is effective to a degree is recognized; but organization is not wholly self sufficient. It is but a feature of the problem of securing recognition.

We have never been able to understand why doctors collectively command so little recognition in administrative and legislative circles. In fact, they are received with a certain degree of distrust and tolerance; frequently they are openly ignored and sometimes ridiculed or imposed upon. Of course we recognize that collectively we have never taken the pains to draw back the curtain of our code of ethics and give the public a clear vision of our inter-relationship. We have too frequently thrown out a smoke screen and beclouded our ideals and purpose. We have in silence permitted misconstruction and have not deigned to correct the interpretation of our motives as they were construed by lay or even professional individuals imbued with selfish and ulterior motives. Basicly we have remained too self centered and modest. We have been content to allow the years to pass in pacifist attitude seemingly expectant that our virtues at some time or other would blossom forth in diapason volume, thus automatically creating a niche for us in the Hall of Fame. In all of our relationship to the public in the past decade our dianoetic attitude has been diamagnetic to the progress of all social, civil and industrial activity. That may be putting it a little strong. Nevertheless we are of the opinion that fundamentally this premise is correct. We are indolent and too self satisfied to indulge in refutation as a collective group.

We did not start out to recite an indictment, what we proposed was to acquaint our members with the attitude that legislatures throughout the country are recording against the regular medical profession. The foregoing paragraph injected itself and we are letting it stand. Possibly it may serve a purpose.

The Texas legislature, because of splendid work by Texas doctors, has rejected a bill giving privileges and license to the cults. It has also passed amendments enhancing its medical practice acts and thus protected the people of Texas from charlatanism. In the legislatures of other states a grist of bills dealing with medical matters and which let down the bars, have been introduced. The fate of these bills are still in the balance. They are indicative, however, of an increasing sentiment to attack present medical standards and to remove their protective (to the public) provisions. At their hearings in committees, the cults, scientists and "freedomites" are well represented in members and by well paid attorneys and lobbyists. The doctors, while present and heard, receive scant recognition. Their representation and arguments are twisted and falsely interpreted.

Such are the facts—we might enter at length in specific citation of actual instances. Just now we are refraining from doing so because we are merely seeking to inspire to activity our county societies to a discussion of our legislative influence and interests. We urge a frank consideration of the subject. We look for definite expression. We trust that some policy will be formulated. We hope that delegates will be instructed to present some plan of activity. We then expect our House of Delegates to continue the discussion and determine upon a definite plan of procedure that will wipe out this legislative attitude to the doctors.

We may not be very much embarrassed by adverse legislation enacted by this year's Michigan legislature but if we continue in our present lack of interest God pity us in 1923. If you do not believe us, go down to Lansing, see and hear and become convinced. A delegation or committee of doctors in Lansing today is followed by the same result as does when you wave a red flag before a bull—wild is putting it mild. What are you going to do about it in 1923?

REDUCED RAILROAD FARE.

We have been able to secure a rate on all railroads of one and one-half fare for the round trip on the Identification Certificate plan. This will mean a desirable saving of travel expense. To obtain this rate the following procedure is necessary:

(1) *Send to F. C. Warnshuis, Powers Theater Bldg. Grand Rapids, Mich., a self-addressed, STAMPED envelope. Note: A self-addressed, stamped envelope.*

(2) *We will mail you a Certificate, entitling you to reduced railroad fare.*

(3) *Present this certificate to your local agent when purchasing a ROUND TRIP ticket.*

(4) *Your return ticket must be validated at Bay City.*

For the convenience of Detroit members we are sending a supply of certificates to the County Secretary from whom they may be secured.

Remember you must have this certificate to secure this rate. Don't forget the stamped, self-addressed envelope when writing this office.

ANNUAL MEETING OF MICHIGAN ASSOCIATION OF INDUSTRIAL PHYSICIANS AND SURGEONS.

The Michigan Association of Industrial Physicians and Surgeons will present a very interesting and instructive program on the afternoon of May 24th, at Bay City, Michigan.

The Association was organized last year in Kalamazoo, and it is the desire of its members to have one afternoon during each state society meeting devoted to industrial medicine and surgery.

Every doctor, whether he is in general practice or a specialty, has work under this classification and the papers and general discussions will make these meetings very interesting and valuable.

Dr. Ralph W. Elliott, manager of the Medical Department of the National Lamp Works at Cleveland, Ohio, will address the society on some surgical phase of his work.

Dr. Francis D. Patterson of Philadelphia, secretary of the American Asociation of Industrial Physicians and Surgeons, will be present and give an address on some medical subject pertaining to his work.

Dr. H. N. Torrey, chief of the medical staff of the Michigan Mutual Liability Company, and president of the Michigan Association, will

give a resume of what has been accomplished by the Society during the past year.

As this meeting will not conflict with any other section, it is hoped that all visitors at Bay City will attend.

THE PASSING OF THE PATHIES.

It is not without considerable hesitancy that we enter upon an editorial discussion of this subject. It is a topic that has been before us for some time but for one reason or another has been postponed for comment. Current events now press the timeliness of a frank statement. Circumstances call for the consideration of the subject and indicate the need of pronouncement as to the attitude of the profession as a whole. In engaging in this discussion we renounce every semblance of a harping criticism. We have no personal or collective grievance. We are casting no reflections upon individuals. We seek no quarrel nor do we desire to inspire one. What is desired is a recognition of present day conditions.

It must be admitted that the days of pathies are past. Medical progress, medical investigations have clearly demonstrated that there is no single system or school of medicine that is all sufficient. Our present knowledge demonstrates that allopathy, (so-called) homeopathy, eclecticism, physio-medic, or of our other old classification do not by their theories or therapeutics present means or measures that will prevent, alleviate, or cure human ills, if recourse is had to their restricted and limited practices. He who seeks to meet up to his professional responsibilities cannot, with honesty, subscribe and practice whole-hearted, exclusive allegiance to any one pathy. No physician can be a loyal, allopath, eclectic, or homeopath and render modern service or give dependable advice to his patients. There is no pathy that is tenable in itself. It is recognized that in each of these schools or pathies there has been and still is much that is good and much that will remain beneficial—principles and practices which we all employ at various times and which are definitely indicated. There is also much that should and must be discarded for reasons that are apparent in the light of our progress. We do not believe that there is need for a lengthy discussion of this premise. It is accepted by all who have remained abreast of the times and who have risen above a narrowness of viewpoint. The hide-bound days are past.

Several homeopathic colleges have closed in the past few years on acount of lack of students and financial support. Two have closed within the past few months. In the leading and only homeopathic Chicago College there are but fifty students. In the Homeopathic Department of our Michigan University we understand there are but forty students enrolled, that they are confronted with a difficulty of securing efficient faculty members. No school can be administered efficiently or supported with but forty students. The alternative of closing their doors is pressing. What shall be done is the question that confronts these men.

In Michigan the subject is being discussed by the Regents and the Legislature. We are all more or less familiar with the existing situation. We understand also that the State Homeopathic Societies have discussed the present state of affairs and some have gone on record vigorously opposing the closing of the Homeopathic Department at Ann Arbor. In doing so, are they not seeking to resist and prolong the inevitable? Is there any just reason for continuing that department?

We readily perceive that he who graduated in homeopathy and has practiced its teachings must be loath to concede that his school of practice must, in our present knowledge of practice, be submerged or absorbed by one uniform educational standard. We recognize that it will not be easy for a disciple to witness the passing of his Alma Mater. This is not a time for sentiment. The greatest good will result from a passive recognition of the inevitable and acceptance of the change that progress accomplishes. Individuals there will be who will resort to various measures more or less honorable in an attempt to continue their individual pathy. They are the ones who in recent years have subscribed to their pathy for purely financial reasons and who have held aloof from the general profession because of fear of losing consultation fees from their "pathic" conferors. For such we have no concern. To the real men in homeopathy—its leaders—we suggest this plan. It is recognized that the therapeutics of homeopathy contain the only reason or vestige for its existence. That this therapy can in part be of valuable aid to every physician and a familiarity with its principles is desirable for him who practices medicine in the immediate future. In view of this let there be created a chair of homeopathic therapy in our Medical Department and so salvage that which is worth while from our present homeopathic department. Having reclaimed this and providing for its perpetuation, close the present inadequate and below recognized standard homeopathic department of our University. The ex-

pense of its continuance is no longer justified.

As we stated in the beginning we are seeking no quarrel. Our aim is an acceptable solution of a condition. As a profession we cannot afford to be divided or engage in internal strife. Grave conditions threaten and assail our status before the public. A united front must be formed. We must openly come forth and demonstrate that we who are physicians in Michigan have no "isms" or "pathies." That we employ and follow in our professional activities that which knowledge and experience proves to be of the greatest benefit to the individual and the public. It is for these reasons and because of the revelations that time has developed that we are suggesting that the passing of the pathies be made the occasion for a more closely affiliated relationship of all graduate physicians.

Editorial Comments

SELLING HEALTH.

We have taken the liberty of quoting somewhat freely from an article of M. Charles Cason in the March 30, 1921 issue of the Outlook.

Unusual and forceful methods were employed in "selling health' 'in Lee County, Mississipppi. With the help of the Rockefeller Foundation a model health campaign was instituted to last for one year. Everybody co-operated in this.

The County had 1,500 road signs set up, heralding itself as a model health County and prizes were offered for health slogans ("Chew Your Food, You have No Gizzard" earned the first prize for a little school girl.) Mass meetings, picture shows, health literature and a rural motor clinic were other methods of publicity. They even covered a circus elephant with health banners as a propaganda. Free moving pictures were presented for rural churches and schoolhouses.

The result of this campaign is that the people of Lee County have developed a new sanitary and a new social sense and their enthusiasm has freed the County from preventable diseases and dangers of unsanitary things in the three months since it started.

The following concrete things have been done: 2,712 homes have been surveyed, 8,907 individuals have been physically examined, 200 people have been vaccinated against typhoid fever, 1,100 school children have been medically inspected, an epidemic of scarlet fever has been controlled, 30,000 pieces of literature have been distributed and 52 public meetings have been held.

What is needed is a more general recognition by all doctors that to be succesful and minimize diagnostic errors more detailed attention must be given to thorough and systematic examinations of patients. In addition greater use must be made of laboratory tests. Public confidence will be secured and held by a low average of errors. A busy morning, unmade calls and arrival at the office to find a large number of patients waiting makes for a tendency to superficial examinations and faulty diagnosis. We are too prone to begrudge the time to strip a patient and thus become careless. We constantly lay ourselves liable to mistakes by adopting such an attitude in our office work. True we may put in longer hours of work but in the end we will have just reason to be proud of our accurately made and substantial diagnoses. We urge a systematic observance of a careful history, complete physical examination, laboratory examinations and scientific therapy as our routine attendance and service for those who consult our members. More thoroughness is decidedly indicated.

Attention is directed to our advertising pages which again contain new advertising copy. We are greatly desirous that these as well as our regular advertisers be made to feel that results will follow the use of our advertising pages. Will you not write to them and patronize these firms who thus support your Journal?

In our zeal to early detect tuberculosis we should not be led astray and accredit all pulmonary physical signs, other than in the pneumonias, as being tuberculous in type. We must differentiate those pulmonary signs that result or occur by reason of cardiac disease or involvement and which produce a pulmonary circulation change which gives rise to altered breath sounds. Dr. J. S. Pritchard, of Battle Creek, has just favored us with a reprint of a timely article he wrote upon this subject.

Criticism is easy but to construct is difficult. This may appear to be a somewhat trite comment but is characteristic of a good many members. Information is at hand that this is the reason some of our local officers and committees hesitate in engaging in greater activity. An officer or member is loath to become aggressively active if his efforts are rewarded solely by harping criticism. No offense is ever taken from constructive criticism—it is the jealous type, obstructive criticism that discourages progress. There has been quite too much anvil chorus performances—let us turn over the page and practice a few landatory anthems. Boost your local officers, subscribe your time in assisting—not knocking.

The Genesee County Society, with commendable spirit, purchased three full sets of the pamphlets of the American Medical Association dealing with nostrums, quackery, fraudulent advertising, cults, etc., and presented these sets to the editors of the Flint newspapers. We understand that the first net result has been that one of the Flint papers now refuses to accept the advertisements of chiropractors and nostrums. What we need is similar action by other societies of our organization. We have a definite duty in the education of the public. Shall we not perform it? We congratulate the Genesee County Society

upon their undertaking and the result that has ensued. Will you not follow this example in your county?

As far as we have been able to learn, the Muskegon County Society is the only organization that secured the publication of the exposure of the recent fake chiropractic ad wherein it set forth that one of their number had cured a case of encephalitis lethargic. The story was published in the *Muskegon Saturday Night* after the local daily Scripps Booth paper had refused to state the facts and offered to sell its advertising space to the society as the only way in which they would provide publicity. We felicitate the members of the Muskegon County Society for having thus locally refuted a dishonest advertising statement. May all our component societies become more active in the educational movements that will enlighten the public. Well done Muskegon.

Remember the dates, May 24, 25 and 26th—Annual Meeting, Bay City.

Radium is now available for therapeutic use in several localities in Michigan. The discussion on Radium by Dr. Burnam of Baltimore at our Annual Meeting in Bay City, therefore, promises to be of additional interest. Don't miss this feature.

The County Secretaries will meet with the Council at a luncheon at noon on Thursday. County Secretaries are urged to be present for this conference.

The appointment of President Work of the A. M. A. as First Assistant Postmaster General is a pleasing recognition. Possibly in another generation of physicians there may be witnessed the election of one of our profession to the high office of President.

The reservations for rooms will be well taken care of by the Bay City Entertainment Committee. No one need remain at home for fear of not being able to secure accomodations. However, to avoid confusion, write now and give the Committee a chance to better care for you.

A bill to secure practice rights for chiropractors was defeated by the Texas legislature. We understand that in Iowa the legislature of that state has granted chiropractors the right to practice surgery. Watch the surgical mortality rise in Iowa.

Some there may be who will claim that a medical journal should not editorially comment upon political and governmental problems and issues. With such we must respectfully differ. While medical journals may primarily be scientific publications, still as organs representative of a profession it surely is consistent and proper to make passing comment upon national and state affairs when such comment is characterized by non-partisanism—when it represents expressions of loyalty as well as for the furtherance of the safeguarding of our national existence. As occasions present such comment may be expected to appear in these columns. At no time will they be permitted to give expression in support of a given party, individual, cult, creed or fraternity. They will be confined to an effort to inspire greater loyalty and better Americanism. In the furtherance of that one object all else must become secondary. As an organization we owe that support and that loyalty to our flag and our country. We proffer no apology for such an editorial attitude.

The American Legion pledges itself to a greater development of Americanism. There is need for a greater exhibition of Americanism to counteract the propaganda that is being spread and to defeat the disloyal movements that are seeking to create a revolutionary spirit among our various classes of citizens. We urge that our profession manifest a wholesome and wide interest in this Americanism movement. We may well become personal workers in furthering this program of America and Americanism first and above all else. We owe that to our country.

Deaths

Doctor Carl Meloy was born in Springfield, Ohio, in 1882 and died in Detroit, March 30, 1921. He received his early education in the public schools of Springfield, graduated from Wittenberg College in 1902 (B.A.). In 1905 this institution gave him an M. A. He received his medical education in Johns Hopkins Medical School and graduated in 1906. Following his graduation he specialized as a pathologist in Richmond, Va. In 1913 he became Director of the Department of Clinical Diagnosis and Research in the Detroit General Hospital. He resigned in 1914 when Henry Ford took over this hospital. He was immediately appointed Director of Laboratories in Grace Hospital, which position he has held ever since. He was a member of the Wayne County Medical Society, the Michigan State Medical Society, the American Medical Association, the Detroit Boat Club and the Corinthian Lodge, F. & A. M. He leaves a widow and three children. Carl Meloy had a charming personality, was loved by all who knew him, and held the respect of his professional brothers.

Charles B. DeNancrede was born in Philadelphia, December 30, 1847 and died in Ann Arbor, April 12, 1921. He graduated from the Medical Department of the University of Pennsylvania in 1869. He practiced in Philadelphia and held various chairs and hospital appointments there. In 1889 he was appointed Professor of Surgery at the University of Michigan which he held until about 4 years ago when he resigned.

In the Spanish-American War Doctor DeNencrede was Major and Chief Surgeon, U. S. Volunteers in the Santiago Campaign.

He was a member of the American Surgical Society (Ex-President), American Medical Asso., Michigan State Medical Society, Pennsylvania State Medical Society, Ohio State Medical Society, Colorado State Medical Society,. Saginaw Valley Medical Society, Toledo Medical Society, American Academy of Medicine, and International Society of Surgery. He was a corresponding member of the Royal Academy of Medicine of Rome.

He was the author of "Principles of Surgery," and a contributor to International Cyclopedia of Surgery, Wood's Hand Book of the Medical Sciences, Cyclopedia of the Diseases of Children, Cyclopedia of Diseases of the Nose and Throat, Dennis' System of Surgery, Parke's Treatise on Surgery, and American Practice of Surgery.

He was married to Miss Alice Dunnington of Baltimore in 1872.

Doctor B. Howard Lawson was born in New York City in 1830 and died in Detroit April 15, 1921. He received his early education in the public schools of New York City and his medical training in the Cleveland University of Medicine and Surgery (M.D. 1871.) He came to Michigan shortly afterwards, opening a hardware store in Howell. A few years later, he started the banking house of B. H. Lawson & Co., in Brighton. He located in Detroit in 1889 and for some time devoted his energy to the establishment of the Union Trust Company and was its first assistant treasurer. A little later he entered the practice of medicine, becoming a member of the staff of Grace Hospital and was vice-president for a period.

He was a member of the Knights Templar (Chaplain of the Old Guard of that lodge), a member of the Consistory and of the Shrine. He was a life-long Presbyterian, attending during the last years the Grosse Pointe Presbyterian Church.

He was the father of the late George E. Lawson (former President of the People's State Bank of Detroit). He leaves two children, Mr. Charles Lawson of Detroit and Mrs. James Lee of Grosse Pointe. He married Miss Maria Holling of New York City in 1872. She died four years ago.

Doctor Thomas P. Camelon was born in London, Ontario, in 1870, and died in Detroit, April 7, 1921 of pneumonia. He graduated from Trinity Medical College (Toronto) in 1890 and from the Faculty of Medicine of Queens University (Kingston, Ontario) in the same year. After practicing medicine for several years in Indiana, he came to Detroit and was licensed in 1900. His practice was limited to diseases of the nose and throat.

When the United States entered the World War, the Doctor imediately volunteered for medical service. He was commissioned First Lieutenant and was sent to Fort Benjamin Harrison. Later he was stationed at Camp Custer. In June 1918 he was sent over seas with the rank of Captain and served in the field hospitals in France. Before he returned to America he was commissioned a Major. He was discharged from the service June 1, 1919.

Doctor Camelon was a member of the Wayne County Medical Society, the Michigan State Medical Society, the American Medical Association, Palestine Lodge, King Cyrus Chapter, Monroe Council, Michigan Soverign Consistory Moslem Temple of the Mystic Shrine, Detroit Commandery, the Masonic Country Club, Detroit Athletic Club, Learned Post, American Legion, and Officers of the Great War.

The Doctor is survived by his widow, two sisters (Mrs. William Delany of Cobourg, Ontario and Mrs. Frederick Weir of Peterboro, Ontario) and a brother (John M. Camelon of Chicago.)

Doctor Camelon's professional ability and certain personal traits obtained for him a very large clientele. He was dearly beloved by so many of his patients and friends for his warm sympathies, his great personal magnetism, his forgetfulness of self, and his devotion to his ideals.

Doctor M. C. McDonnell died at his home in Bad Axe, March 22, 1921.

Doctor McDonnell was born at Lockport, N. Y., June 12, 1850, and six years later removed with his parents to Dexter, Michigan. He was a graduate of the medical department of the University at Ann Arbor of the class of 1876.

Surviving are the widow and five children.

Doctor A. M. Darling of Crystal Falls died Feb. 23 at St. Petersburg, Florida where he went last fall to spend the winter.

The deaths of the following doctors not members of the State Society have been reported: Dr. R. C. Greenwood, Hancock; Doctor T. G. Huizenga, Zeeland; Dr. F. Sauer, Hammond, Ind.; and Dr. G. W. Hawley, Detroit.

State News Notes

COLLECTIONS.

Physicians Bills and Hospital Accounts collected anywhere in Michigan. H. C. VanAken, Lawyer, 309 Post Building, Battle Creek, Michigan. Rerefence any Bank in Battle Creek.

Doctor C. E. Sawyer of Marion, Ohio, who is President Harding's physician, has been a close personal friend of the President for many years. He was born January 24, 1860 near Wyandotte, Ohio, and lived there until he reached the age of 17 years. It was here his literary education was obtained in the village schools. At the age of 17 he began the study of medicine and subsequently graduated from the Cleveland Medical College (Homeopathic) in 1881. During his 26 years as a Marion resident, the Doctor has made a notable success in his profession and as the head of a sanatorium south west of Marion. During the World War Doctor Sawyer served as an official in the Marion County War Board and as

Secretary of the National Volunteer Corps. Recently he was appointed Brigadier-General in the Medical Reserve Corps of the Army. A short time ago General Sawyer retired as President of the American Institute of Homeopathy and as Chairman of the Board of Directors of that organization.

Vol. 1, No. 1 (New Series) of the Harper Hospital Bulletin appeared April 1, 1921. Instead of the old quarterly, a monthly publication will be produced. The scientific essays which formed the bulk of the old Bulletin will be discontinued. The field to be covered by this publication will include the following items: (1) A complete and correct roster of the Hospital, kept up to date, including trustees, medical staff, internes and nurses; (2) The publication of all reports which are of general interest; (3) Announcement of all special activities of the Hospital; (4) Titles of addresses and scientific papers by members of the Staff; (5) Announcement of new hospital equipment and procedures; and (6) Reports of staff meetings and proceedings of the Executive Committee of the Hospital and so far as possible dates and programs of coming events. The Publication Committee is composed of Doctors H. M. Rich, E. G. Martin and C. L. Douglas. The Annual Reports, published in the April number have crowded out other material. The editors anonunce that the later numbers will be less formal and possibly more interesting.

In talking about his Closed Hospital Bill, Doctor O. G. Johnson, State Senator from Fostoria, makes some picturesque statements. "I have no doubt these super men (staff members of closed hospitals) who aim at a dictatorship in medicine through the means of the closed hospital, feel that the manual toil of general practice would coarsen their refined intellects and dull the fine tactile sense that has produced more mistakes and a finer conceit than anything in medicine. It is easier to get down to the hospital in a closed car at 9 a.m., smoke a few cigaretts in the cloak room, tell a few stories, make the rounds, pick up a few hundred dollars from cases than it is to hunt the game itself. Will the hospital physician make any mistakes. If he does, he will be protected by the closed system and his grave yard will not have his name plate at its entrance."

The General Meeting of the Wayne County Medical Society was held Mar., 21, 1921 with a two paper symposium on the "Question of the Proposed Municipal Hospital." Doctor Henry F. Vaughan's part was devoted to "The Proposed Program of the Board of Health with Special Reference to Hospitalization." Doctor Harold Wilson followed this paper with one on "A Tentative Proposal with Reference to Community Health." These two papers were well discussed by Doctors Frank Walker, C. G. Jennings, I. L. Polozker, Paul Wooley, F. R. Starkey. B. Monkman, G. L. Kiefer, Howard Pierce, Hugh Harrison, Hugo Freund, H. F. Vaughan and Harold Wilson.

The number of cocaine and morphine addicts in Detroit is showing a steady decrease (Joseph Dederich, Chief U. S. Narcotic Agent). There are two reasons for this: (1) The co-operation of the police and Government agents in arresting dope peddlers; and (2) The advice given by Federal agents to the addicts. The dope peddlers are seldom addicted to the use of the narcotics and deserve small mercy at the hands of the law. They are simply capitalizing the weakness and misfortune of others. On the other hand the addict is deserving of a helping hand. Sometimes a word of advice from the agents or the police has started the cure of a man seemingly hopelessly enchained.

On February 14, 1917, the plan of creating a series of endowment funds for the Library of the Wayne County Medical Society was launched, such funds to be established in memory of physicians who during their life had endeared themselves to the people of the community. Several thousand dollars was subscribed at that time. The Great War came on and the movement stopped. Such an endowment is the logical solution of the problem. The active campaign recently undertaken by the friends of Doctor B. R. Schenck in memory of his labors among them, should set an example to many others.

Doctor Homer E. Safford of the Detroit Juvenile Court Staff says that in his 25 years of medical practice he has been impressed with the number of cases in which nervous and mental disorders have predominated. Many could have been prevented, had there been adequate hospital facilities. He is in favor of the new Detroit Municipal Hospital because it means that many of these cases can be given proper observation and many delinquents can be returned to the straight and narrow path with the proper study. At the present time such study is hampered by the lack of facilities.

A resolution, offered March 21, 1921 by Doctor Frank Walker, but written by Doctor Harold Wilson, was voted upon by the Wayne County Medical Society. This resolution suggested that, to obtain desirable co-operation between the various hospitals and other agencies for the prevention and treatment of disease, a recommendation be made to the Mayor and the Council for the appointment of a health and hospital council, to be made up of representatives of the various boards such as Board of Health, Welfare Commission, Community Union, Recreation Commission, Board of Education and the Medical Profession.

Grace Hospital, Detroit, has recently completed and opened a new maternity service. It is completely isolated from other hospital activities. This suite occupies the entire second floor of a newly constructed fireproof wing of the Hospital. This segregation of the obstretical work of the Hospital offers a degree of privacy that this Hospital has never been able to obtain heretofore. The suite consists of 16 ward beds and two con-

finement rooms, with sterilizing and utility rooms adjoining. This maternity service is open to any qualified physician when beds are available.

On April first the members of the Mecosta County Medical Society tendered a complimentary dinner to Dr. W. T. Dodge. The occasion being the eve of his sixty-second birthday. Approximately thirty-five members were present and included some from neighboring counties. Dr. Le Fevre, of Muskegon, read a paper on the Overdrained Abdomen. Dr. Wilson, of Detroit, gave a talk on Vitamines, illustrated by lantern slides. Several addresses were made during the dinner in which the respect and friendship of the members for Dr. Dodge were expressed.

In 19 Detroit Public Schools, children have been given health cards to tabulate their daily habits. For instance there are spaces for credits to be given for drinking milk instead of tea or coffee, keeping the teeth clean, keeping the bed room window open at night, taking a bath and the like. Children who receive a certain percentage, are a given a health button at the end of a month. A number of the mothers state that these school cards have succeeded where they have failed.

Doctor John Know Gailey retired from the practice of Medicine April 1, 1921. He was born in 1854 and graduated from the New York University Medical College in 1877. Thirty-nine years ago he came to Detroit. He was Supt. of Harper Hospital for several years and then entered private practice. It was mainly through his efforts that Mr. Hiram Walker built the Children's Free Hospital and for a great number of years Doctor Gailey was a faithful member of its attending surgical staff. Doctor Gailey, his wife and son have gone to California and expect to locate permanently in the neighborhood of Pasadena.

The Michigan Academy of Science met March 30, 31 and April 1, 1921 in Ann Arbor. The program of the Sanitary and Medical Science Section was taken part in by the following men: Doctors H. W. Emerson (Bacillus Botulinus in Foods), V. C. Vaughan (Albuminal Diseases), G. T. Palmer (Weather and Disease), W. L. Mallman (A Sanitary Study of the College Swimming Pool), and H. W. Emerson (Factory Wastes in Michigan Streams).

During the latter part of March and the early part of April, a number of cases of typhoid fever due to contaminated river water, were reported to the Detroit Department of Health. The water was obtained directly from the river and not from the city pipes. This emphasizes the danger confronting summer tourists and the necessity of vaccination against this disease.

The General Meeting of the Wayne County Medical Society was held April 4, 1921 and was given over to the Endocrines. The first paper was on "The Relation of Ovarian Secretions to those Produced by other Endocrine Glands, by Doctor R. C. Moehlig; the second, on "The Institial Gland" by Doctor W. H. Morley; and the third, on "Some Factors Influencing the Therapeutic Value of Corpus Luteum Preparations," by C. J. Marinus.

Health Commissioner Vaughan of Detroit has announced that the new Municipal Hospital will be well under way before next fall. The building will be put into use as the different parts are completed. It is estimated that it will take two or three years to complete this structure. It is planned to first take care of mental, pediatric and obstetrical cases and to provide facilities for the out-patient departments. The Department of Health at its meeting April 5, 1921 ordered the structural plans for the building to be made at once. Mr. Albert Kahn of Detroit is the architect.

The Fellows of the Detroit Academy of Medicine were delightfully entertained by Doctor and Mrs. A. D. Holmes at their residence April 5, 1921. Doctor F. W. Robbins gave a talk on "Curling in Edinburgh and Other Things." The Doctor was a member of the Canadian-American team which curled so successfully in Scotland the past winter.

April 2, 1921 the Michigan Supreme Court sustained the decision of the Calhoun County Circuit Court. The Kellogg Food Co. and Dr. J. H. Kellogg are ordered to pay the Kellogg Toasted Corn Flake Co. all the profits and gains that have been received by them from the infringement of said trade-name. An accounting is also ordered.

Mrs. Sarah Dunwoody of Detroit, widow of Doctor John F. Dunwoody, who died in 1918, is suing the Royal Indemnity Co. for $5,000. In 1916 Doctor Dunwoody took out a $5,000 accident insurance policy with that company. The widow claims her husband died by accident of influenza caught when a patient he was treating for pneumonia, coughed in his face.

The program of the April 11, 1921 meeting of the Medical Section of the Wayne County Medical Society was in charge of the Detroit Pediatric Society. There were three papers, "Local Experiences with the Schick Test and Toxin Anti-Toxin" by Doctor Worth Ross, "Bronchial Asthma in Children" by Doctor T. B. Cooley, and "Encephalitis Lethargica: Diagnosis and Sequellae" by Doctor B. R. Hoobler.

Fred Lamb, Golf Professional in the Detroit Athletic Club's Indoor Golf School, has mentioned the names of a number of people who no longer suffer from the "Hook and Slice Disease" and whose caddies therefore this summer will have reason to bless "Professor" Lamb. The

names of two of Detroit's physicians are on the list, Doctors H. W. Hewitt and J. D. Matthews.

The American Society for the Control of Cancer will inaugurate a National cancer week. Cancer experts will lecture on this disease while tons of literature will be mailed throughout the Nation. If this disease is to be stopped, it must be by education. The public will be taught what things predispose toward cancer, the necessity of surgical operations, the uses of radium and the X-ray and the advantages of an early diagnosis. The various departments of health will aid and assist in this drive.

President Harding, Governors of States and Canadian Officials are to be asked to direct public attention to the first National Hospital Day, May 12, 1921 (Birthday of Florence Nightingale). On this date 8,000 hospitals will make this first organized effort to show the public how they care for the sick and unfortunate. The public will be invited to come and see how patients are taken care of and how the nurses and physicians work.

April 1, 1921 Doctors J. Milton Robb and Ralph H. Pino of Detroit anounced the opening of offices with hospital facilities for surgery of the eye, ear, nose and throat at 48 Martin Place. Associated with them are Doctors I. S. Schembeck, Clarence Baker and R. J. Hardstaff. In addition Doctors Robb and Pino will retain their old offices in the David Whitney Bldg.

Doctor W. L. Clark of Philadelphia gave a clinic at Grace Hospital, Detroit, Tuesday morning, March 29, 1921, demonstrating his methods of treating moles, carcinoma, rodent ulcer, etc., by his desiccating electric method and by the use of radium. The clinic was well attended by Detroit physicians and surgeons.

The feeding tests, conducted by the Detroit Department of Health in the public schools, have proven that the majority of cases of underweight are caused by improper nourishment (Doctor Palmer). The experiments will be continued next year and the campaign for the proper balancing of children's diets will be carried into the homes. The Detroit City Council has appropriated $20,000 for next year's expenses.

In the April issue of the Journal, we stated that the State Medical Board was not represented at the Medical Congress. We beg leave to correct this statement as Doctor A. M. Hume, of Owosso, was present at the evening meeting of the Federation of State Boards. To use his own words, "I registered in and of course took an active part in the discussions, etc. If I was there at all, you know perfectly well that I would not keep still."

The officers elected by the Association of American Medical Colleges at the 31st Annual Meeting, held in Chicago, March 8, 1921 are as follows: President, Theodore Hough, University of Virginia School of Medicine; Vice-President, C. P. Emerson, University of Indiana School of Medicine; Secretary-Treasurer, Fred C. Zapffe, Chicago; and Chairman of Executive Committee, I. S. Cutter, University of Nebraska College of Medicine.

The 32nd Annual Clinic Week of the Alumni Association of the Detroit College of Medicine will be held June 13, 1921. The following out of town physicians will hold clinics: Doctors W. S. Bainbridge of New York City (Abdominal Tumors), Charles S. Bacon of Chicago (Obstetrics), Frank Smithies of Chicago (Gastro-Intestinal Diseases), William L. Kellar of Washington (Surgery of the Chest), and L. J. & J. S. Unger of New York City (Pernicious Anemia).

Among the honorary pallbearers at the funeral of Doctor Thomas P. Camelon (April 8, 1921) were the following physicians: Doctors B. R. Shurly, T. A. McGraw, Jr., G. E. McKean, W. J. Wilson, Jr., H. Wilson, F. B. Tibbals, R. C. Jamieson, H. J. Malejan, R. W. Gillman, G. A. Ford, W. J. Stapleton, J. Slevin, E. B. Forbes and G. L. Connor.

C. C. Parish of Detroit, convicted of practicing medicine without a license, was sentenced April 8, 1921, to 6 months in the House of Correction, by Judge Keidan. This is his second conviction for practicing medicine without a license. The first was on August 13, 1920. Major Roehl obtained the evidence for both convictions.

The Federation of State Medical Boards of the United States elected the following officers for the coming year—President, Doctor D. A. Strickler of Denver; Vice-President, Doctor K. P. B. Bonner, of Morehead City, N. C.; Secretary-Treasurer, Doctor W. L. Bierring of Des Moines; and as member of the Executive Committee, Doctor B. C. Richards of Pawtucket, R. I.

The 1920 Annual Report of the Shurly Head and Chest Hospital of Detroit appeared about April 1, 1921. During the past year, 2,612 patients were admitted and 1,843 were operated. The hospital now has a capacity of 67 beds. Since the appearance of the last annual report, a second operating room has been installed. Thirty beds during the past year were set apart for the care of ex-service men. These were continuously occupied.

Wednesday evening, June 15, 1921, the Alumni and their friends will be the guests of the Faculty of the Detroit College of Medicine and Surgery at the College Building. There will be a brief Laboratory Demonstration of Topics of Current Interest by the staff of each science department; an inspection of the teaching and research facilities of the College; and a short dis-

cussion of the policies and methods of the Institution by Dean, Doctor W. H. MacCraken. Refreshments will be served.

The Surgical Section of the Wayne County Medical Society met March 28, 1921. The first paper of the evening was by Doctor W. L. Clark of Philadelphia on "Electric Coagulation and Radium Treatment of Oral Carcinoma" which was illustrated with lantern slides. The second paper was on "Hare-Lip Surgery" by Doctor C. L. Straith, of Detroit, with moving pictures and lantern slides.

Dr. D. Emmett Welsh, of Grand Rapids, returned from a three months' outing in California, on April 2nd. Three days after his return he was suddenly taken ill with bronchial pneumonia. As we go to press we are glad to announce that he has convalesced so as to be able to be out again.

The Medical Special de luxe will be the finest special train ever operated in point of equipment and service. It will depart from Chicago at 8:30 on the morning of June 5th, from Detroit at 2:40 p. m., and will make the running time from Chicago to Boston in just twenty-four hours. Those persons who desire to use the Medical de luxe East and return via New York, Atlantic City and Washington may do so upon application.

The active pallbearers at the funeral of Doctor C. B. DeNancrede, held in Ann Arbor April 15, 1921, were Doctors W. H. Hutchings of Detroit, W. R. Parker of Detroit, H. D. Barss of Ypsilanti, U. J. Wile, C. W. Edmunds and F. R. Waldon of Ann Arbor. The honorary ones were Ex-President H. B. Hutchins, Doctors Reuben Peterson, A. S. Warthin, G. C. Huber and F. G. Novy of Ann Arbor. The burial was in Philadelphia.

On April 13, 1921 Doctor B. D. Harrison of Detroit, Doctor Albertus Nyland of Grand Rapids and Major Roehl of Detroit appeared before the Committee on State Affairs in Lansing in behalf of a bill introduced by Senator O. G. Johnson amending the violation section of the Medical Act.

The first paper on the program of the General Meeting of the Wayne County Medical Society (April 18, 1921) was on "Colon Bacillus Infections" by Doctor A. F. Jennings and the second on "Hare-Lip Surgery" by Doctor C. L. Straith. The latter paper was illustrated by moving pictures and lantern slides.

The Library of the Wayne County Medical Society has recently received a large number of books from Doctor L. E. Maire and a number of volumes from Doctor C. W. Hitchcock. Mrs. Dayton Parker has also contributed to it 100 volumes from the library of her husband, the late Doctor Parker.

The Detroit Community Fund has organized a speakers' bureau, to furnish to any church, school, club or civic organization, speakers who are authorities in the cultural and social service fields. The following physicians are on this list: Doctors A. L. Jacoby, Nellie Perkins, Mary T. Stevens, A. G. Studer, W. C. Cole, R. S. Dixon, A. H. Garvin, and Harold Wilson.

The Michigan State Nurses Association held its Annual Meeting in Flint, May 3, 4, 5, 6, 1921. Doctor J. W. Orr gave the address of welcome from the Genesee County Medical Society and Doctor J. G. R. Manwaring of Flint read a paper on "Private Duty Nursing from the Viewpoint of the Physician."

The Detroit Academy of Medicine held a joint meeting, April 21, 1921, with the Detroit Medical Club in the Scientific Building of Parke, Davis & Co. Through the courtesy of Doctor E. H. Houghton (President of the Detroit Medical Club) a cafteria luncheon was served. This was followed by a paper by A. D. Emmettt Ph. D. on "The Vitamines with a Physiological Demonstration."

Senator John W. Smith of Detroit introduced a bill in the State Senate to abandon the Coldwater School as a clearing house for orphans and to make it an adjunct to the Lapeer Home, thus permitting the counties to place their orphans without passing them through this school.

The Board of Managers of the new Highland Park General Hospital consists of Doctors George R. Andrews, William N. Braley, L. E. Clark, S. C. Crow, D. M. Greene, Mr. F. J. Barrett, Mr. E. C. Davis, Mr. L. J. McKenney, Mrs. L. W. Snell and Mrs. W. C. LeFebvre.

A. J. Burr, a senior student at the Detroit College of Medicine and Surgery, died suddenly April 7, 1921. He is survived by his widow, a son and two brothers(Doctor George C. Burr of Detroit and Lyle Burr, a medical student at the University of Michigan.)

The President of the Wayne County Medical Society, Doctor Harold Wilson, has appointed the following Election Committee for 1921: Doctors A. L. Richardson (Chairman), A. E. Catherwood, H. F. Dibble, E. H. Sichler, R. Walker and J. H. Dempster.

Thursday evening, June 16, 1921, a smoker and vaudeville will be given by the Alumni Association of the Detroit College of Medicine and Surgery at the Wayne County Medical Building. Following this the Annual Meeting will be held and a buffet lunch will be served.

Doctor P. C. McEwen has spent the last few months in Chicago taking a course in diseases of

the eye, ear, nose, and throat. He returned to his old offices in the Detroit Opera House Block, April 1, 1921 and will specialize in the diseases of the organs named above.

The City of Detroit is badly in need of a new small pox ward at the Herman Kiefer Hospital. The present building is an old frame structure, badly arranged and grossly inadequate for its present purpose.

The following physicians spoke in favor of the Closed Hospital Bill before the Senate Health Committee, March 30, 1921: Doctors Angus McLean, C. D. Brooks, and John Harvey of Detroit and A. M. Jones of Bay City.

The Detroit Chapter of the Sons of the American Revolution gave a dinner at the Detroit Athletic Club, March 29, 1921. The following physicians were present: Doctors C. W. Hitchcock, H. D. Jenks, Ray Connor, M. B. Coolidge and F. M. Barker.

The Detroit Society of Internal Medicine met March 28, 1921 at the University Club. Doctor William Donal was the Main Presenter (Subject "Pain"), Doctor C. G. Jennings was Literature Presenter (Subject "Typhoid Fever") and Doctor H. M. Rich gave the Case Report (Subject "Hypersensitiveness").

Friday, June 17, 1921, Commencement Exercises of the Detroit College of Medicine and Surgery will be held in the Arcadia Auditorium. Colonel William L. Keller, Chief Surgeon of the Walter Reed Hospital, Washington, D. C., will talk on "Medical Service at the Front in the Late War."

Doctor and Mrs. Carl Bonning and Miss Bonning, who have been spending the winter in Pasadena will return to Detroit about June 1, 1921. After a six weeks' stay, they will leave for the North Shore, Mass., for the rest of the summer.

New York State has legislated small pox out of existence. There are some people in Michigan who still insist in the name of freedom on the privilege of having small pox. It is up to Michigan to decide through its law making body whether small pox shall go or stay.

The Detroit Academy of Medicine listened to a delightful talk by Doctor Hugh Cabot of Ann Arbor on the "Management of Small Renal and Uretral Calculi," March 22, 1921. After the discussion was over, Doctor and Mrs. Fred Kidner served refreshments.

The Annual Report (1920) of the Board of Medical Examiners of the State of California has just reached us. Their total income for the fiscal year of 1920 was $86,900.80 (Reciprocity fees, $53,324) and their total expenditure was $61,060.99.

The Michigan Branch of the American Urological Association under the Presidency of Doctor Fred Cole, gave a complimentary dinner to Doctor Fred W. Robins of Detroit, March 29, 1921 at the Detroit Athletic Club. Doctor Robbins organized this Branch and was its first president.

The Detroit Otolaryngological Society met April 20, 1921, in the Wayne County Medical Society Building. Doctor Thomas Hubbard of Toledo read a paper on "Unusual Types of Dyspnoea." Doctor H. W. Peirce is President and Doctor H. L. Simpson, Secretary for this year.

Doctor and Mrs. Angus McLean, Miss Marion McLean, and Mrs. Oren Scotten of Detroit will sail June 30, 1921, for France where they will visit Mrs. McLean's brother, Mr. Robert Scotten. Mr. Scotten is connected with the American Embassy in Paris. Doctor McLean and his party will spend the entire summer in Europe.

Doctor J. G. Van Zwaluwenburg of Ann Arbor was elected April 19, 1921, President of the Michigan Trudeau Society and Doctor E. B. Pierce of Howell Vice-President at their meeting in Flint.

Doctor and Mrs. Blodgett of Detroit and their children will spend the month of June at the North Shore. Doctor Blodgett will attend the meeting of the American Medical Association in Boston and the 25th re-union of his class at Harvard.

Doctor James Inches of Detroit was one of the passengers on the giant aeromarine flying craft, "Santa Maria" in its trip from Miami, Florida, to Washington, D. C. They were 16 hours in the air. The trip was made the middle of April.

The following physicians have joined the recently organized Plum Hollow Golf Club: Doctors W. M. Braley, G. B. Stockwell, G. D. McMahon, W. F. Seeley, G. E. Fay, C. C. Jordan, J. C. Dodds, Stewart Hamilton, W. G. Hutchinson, G. J. Reberdy, H. W. Hewitt and R. E. Loucks.

Doctor Edward D. King was married April 13, 1821 to Miss Florence Mulqueen, both of Detroit. Their wedding trip will last one month and will include stops in Chicago, New York and Atlantic City.

Doctors I. N. Brainerd and F. J. Carney of Alma, W. E. Barstow of St. Louis and E. M. Highfield of Riverdale attended the Saginaw County Medical Society to hear Dr. John Monohan and his paper on Diverticulitis, April 12.

Does merit, mere plodding merit, invariably bring reward? Does it get your name on peoples' lips? Pep up your serious stuff and cash in on the publicity thereof (Wayne County Medical Society Bulletin, April 18, 1921.)

Doctor Mary Thompson Stevens was re-appointed April 11, 1921, a member of the Board of the Detroit House of Correction by Mayor James Couzens. The appointment is for a term of 4 years ending March 1, 1925.

The Detroit Ophthalmological and Otological Club met April 6, 1921 at the Medical Building. Doctor William MacDonald gave the members a dinner and then read a paper on "A Standardized Treatment for Acute Suppurating Otitus Media."

Among the patronesses for the Dartmouth College Clubs' Concert, given April 7, 1921 in the Statler Hotel, Detroit, were Mrs. A. D. Holmes and Mrs. C. W. Hitchcock, wives of two of Detroit's prominent physicians.

The later part of March, Health Commissioner H. F. Vaughan of Detroit, urged war against the fly. Every fly Swatted at that time means about 137,000,000 less next August according to the Commissioner.

Doctor William B. Hinsdale of Ann Arbor was elected delegate at large to the National Congress at the Annual Meeting of the State Society of the Sons of the American Revolution, held in Detroit April 15, 1921.

Under the terms of the will of J. Harrington Walker of Detroit, the Children's Free Hospital receives $25,000; Harper Hospital, $10,000; Girls Holiday House, $2,500 and the Franklin Street Settlement, $1,000.

The summer meeting of the Radiological Society will be held in Boston June 3, 4, 1921, giving the members an opportunity to remain over for the meeting of the American Medical Association, June 6, 7, 8, 9, 10, 1921.

The Endowment Committee of the Wayne County Medical Society were pleased with the results of the letter sent to the members in February. Many remittances were made.

The infant mortality for Detroit for February and March was the lowest it has been in 5 years. The rate was 90 per thousand as compared with 195 for 1920, 134 for 1919 and 108 for 1918.

The new Highland Park General Hospital was formally opened to the public, April 16, 1921, with a flag raising ceremony. The first patients were received April 18, 1921.

The proposal to bond the City of Detroit for $3,000,000 to construct a Municipal Hospital was carried overwhelmingly in the April election. The vote in favor of it was nearly 3 to 1.

The State Legislature of Oregon passed Feb. 19,1921, a bill requiring that women as well as men seeking marriage licenses, shall be examined as to their mental and physical fitness.

Former members of the Base Hospital Unit No. 36, A. E. F., commanded by Col. B. R. Shurly, gave a masquerade ball, April 1, 1921 in the Detroit Board of Commerce Auditorium.

The Detroit Medical Club met March 17, 1921 at the Medical Club. Doctor F. T. F. Stephenson read a most interesting paper on "The Crime Sheet of a Life Insurance Co.

Col. Hubert Work of Colorado, President of the American Medical Association, has been appointed First Assistant Postmaster-General in the Harding Administration.

Doctor Mary Thompson Stevens of Detroit attended the 36th Annual Meeting of the Association of Collegiate Alumnae, held in Washington the latter part of March.

Mrs. Cooley, wife of Doctor Thomas B. Cooley of Detroit, and son Thomas left the early part of April to visit Mrs. William Kales in Tryon N. C.

On March 21, 1921, the Wayne County Medical Society put itself on record as in favor of the new Detroit Municipal Hospital. The resolution favoring this was caried by a large majority.

Doctor Fred Meader of the Detroit Department of Health states that one-half of the deaths in Detroit are caused by tuberculosis and from 30 to 40 new cases are reported daily.

Doctor James Inches of Detroit and some of his friends left March 25, 1921 for Miami, Florida. They were gone about two weeks and spent most of the time fishing.

Doctor and Mrs. Lowrie returned March 26, 1921 to Detroit after a month's trip including stops at Jamaica, Havana and Panama Canal Zone.

The State Department of Health has maintained since September 1920 a traveling clinic which has visited 23 counties and 69 cities and villages to date.

Miss Jenks who has been spending this winter with her brother, Doctor H. D. Jenks, of Detroit,

returned April 15, 1921 to her home in Warsaw, N. Y.

The Oregon League for the Conservation of Public Health has undertaken an extensive campaign to disseminate information regarding public health matters throughout the State.

Doctor H. W. Plaggemeyer of Detroit delivered April 10, 1921, the Y. M. C. A.'s annual sex hygiene elcture. Motion pictures were used to illustrate the message of the speaker.

Dr. and Mrs. W. R. Chittick and Dr. and Mrs. George Potter of Detroit returned to Detroit about the middle of April. Both couples spent the winter in California.

Doctor and Mrs. W. J. Cree and Doctor E. W. Henderson of Detroit returned the latter part of March from a three months' trip to Miami and Cuba.

Mr. Duncan Browne, Dean of the Episcopal Cathedral in Denver, and his wife, visited in April his brother, Doctor William H. Browne, of Detroit.

The Michigan Trudeau Society held its spring meeting in Flint April 15, 1921. The Michigan Anti-Tuberculosis Association will hold its annual meeting in Lansing, May 17, 18, 1921.

Doctor and Mrs. J. F. Adams of Ann Arbor recently announced the engagement of their daughter, Elizabeth Frances, to Mr. Allyn R. Haight of Detroit.

Dr. M. J. Budge of Perrinton, has bought out Dr. E. H. Foust of Ithica. Dr. Foust plans to specialize in Eye and Ear work and locate in a larger city.

Doctor R. W. Gillman left Detroit April 8, 1921, to visit friends in Bermudas.

Dr. E. E. Dennis has left Flint and will practice in Illinois.

Doctor and Mrs. W. R. Clinton, of Detroit, announced the birth of William MacKenzie Clinton, March 9, 1921.

Doctor and Mrs. B. H. Larsson of Detroit had a son and heir (Bjorn Eric Larsson) born March 20, 1921.

Mrs. A. J. Neuman, of Detroit, presented her husband, Doctor Neuman, with a son (Arthur Joseph Neuman, Jr.) March 20, 1921.

The bill which was introduced by Representative G. C. Shultz of Indiana to prevent animal experimentation, was killed in the Committee.

Dr. John R. Rogers, of Grand Rapids, expects to leave in June for a three months' European trip.

Dr. A. C. Henthorn has arrived in Grand Rapids from Kentucky and assumed his duties as full time U. S. Public Health Surgeon.

Doctor and Mrs. Wadsworth Warren of Detroit expect to open their summer cottage at Algonac about May 1, 1921.

Doctor T. T. Dysarz was re-appointed April 12, 1921, health officer of Hamtramck Village by President Fred Dibble.

Mrs. G. M. LeGallee, of Detroit, presented her husband, Doctor LeGallee, with a son, April 8, 1921.

Doctor and Mrs. Charles H. Oakman and their daughter returned to Detroit the early part of April from Florida.

Coroner Jacob Rothacher of Detroit became a grandfather March 29, 1921 when a girl was born to his daughter, Mrs. W. B. Trombley.

Doctor Chester A. Doty gave an illustrated lecture on "Social Hygiene," April 18, 1921, before the St. Andrews Society in Detroit.

The Michigan State Meeting of the American College of Surgeons was held at Harper Hospital Detroit April 28, 29 and 30, 1921.

Doctor Fred T. Murphy is a member of the Board of Trustees of the Merrill-Palmer School of Homemaking of Detroit.

Doctor A. D. Holmes left Detroit April 21, 1921 for a ten days' visit at French Lick Springs, Indiana.

During the latter part of March, Doctor A. P. Biddle, of Detroit, entertained his brother, Major William S. Biddle, of Washington, D. C.

Doctor W. H. Sawyer of Hillsdale was elected Regent of the University of Michigan April 5, 1921. This is his third term.

Doctor Ira G. Downer of Detroit spent the first part of April in Chicago and Rochester, Minn.

In 1918 there were 61,000 deaths from cancer reported in the United States and in 1920, 90,000.

Doctor and Mrs. M. R. Van Baalan returned to Detroit April 5, 1921 after a three months' trip abroad.

Dr. J. H. Kellogg of Battle Creek returned the last of April after spending several weeks in California.

Dr. G. A. Haynes has been appointed health officer of Homer.

Dr. Foust has sold his practice in Ithaca to Dr. M. J. Bridge.

Mrs. T. A. Baird, wife of Dr. T. A. Baird of Bay City died on April 5th.

D. C. S. Ballard has left Flint and has entered the U. S. Public Health Service.

Dr. Wm. Lyon, of Flint, has left for a year's special work in Pediatrics.

Dr. J. W. Orr is spending a few weeks in Florida.

Doctor and Mrs. David Inglis of Detroit spent the winter and early spring in Summerville, S. C.

Dr. Harold W. Wiley of Grand Rapids has associated himself with Dr. H. S. Collisi.

Doctor and Mrs. G. I. Dakin of Detroit spent the latter part of March in New Haven, Conn.

Dr. B. T. Larson has located in Iron Mountain.

COUNTY SOCIETY NEWS

It is the Editor's desire to have this department of the Journal contain the report of every meeting that is held by a Local Society. Secretaries are urged to send in these reports promptly

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BAY COUNTY

The Bay County Medical Society held a regular meeting Monday, April 4th, at Mercy Hospital and were guests of the Sisters of Mercy. The new four-story addition to the hospital with its new laboratory and X-ray departments was recently opened and an opportunity for inspection was given to the physicians.

The hospital, with a bed capacity of 150, now has completely organized departments, having added a Maternity and Childrens' department.

The Sisters and Nurses served refreshments and the meeting was given over to just routine business.

All the State Meeting Committees of the local society reported progress and all plans formulated.

L. F. Foster, Secretary.

BENZIE COUNTY

The Benzie County Medical Society, in session, unanimously protest against the enlarged hospital plans of the University of Michigan, as unfair to the tax paying physicians of the state to be compelled to compete with a state aided clinic of the kind planned.

Already there is a dearth of physicians in rural communities and the proposed plan to reach out after "Pay patients" would greatly increase this tendency and the inclination to accomodate "Pay patients" to the neglect of the helpless poor would certainly result and the value of "A pull" would be in direct proportion to the size of the hospital.

The small hospital movement is making rapid headway and is of inestimable value to not only the sick in the surrounding region, but is of great professional benefit and service to all of the active doctors within a convenient distance and the "Ann Arbor idea" carried out would head off many communities from the possibility of such efficient local hospital help.

Please give this matter your most earnest consideration.

E. J. Ellis, Secretary.

GENESEE COUNTY

The Clinical Section of the Genesee County Medical Society met on Thursday, March 24th, 1921, Vice-Pres. Wheelock, presiding. State clinical team No. 12 gave a symposium on Fractures and Emergency Surgery. Dr. Randall, in introducing the team, stated that more malpractice suits occurred in this branch of the doctor's work than in all the other specialties combined. Dr. Randall, from his vast experience with fractures in the A. E. F., was able to give his hearers a most useful resume of the important points in handling fractures. Dr. Manwaring spoke on the methods to be employed in order to get good orthopedic results. Dr. Clift reviewed the Roentgenology of fractures. He emphasized a thing we are apt to forget, that the patient must not be shown or given the plates, for a functional result often results where the picture does not

show complete apposition. Dr. D. L. Treat, who has had charge of the surgical work of the Buick Motor Co. for years, spoke on the principles of Emergency Surgery, illustrating his remarks by well chosen lantern slides.

On Wednesday, March 30th, we were privileged to hear Dr. Hugh Cabot, Prof. of Surgery at the University of Michigan. He spoke on "Renal Tuberculosis," and his familiarity with his subject, his perfect diction, and his charm of manner endeared him to the society. Dr. Max Peete, Associate Professor of Surgery at the University spoke briefly on a new surgical procedure "Cordotomy." He reported cases of metastatic carcinoma of the spine where the excruciating pains in the extremities were completely relieved by section of the sensory tracts in the spinal cord.

The Clinical Section of the Genesee County Medical Society met Thursday evening, April 7th, Vice-President Wheelock presiding. Dr. Carl Chapell spoke on "The Therapeutic Uses of the X-Ray." He presented the more recent views of the value of radiation in treatment of diseased lymphoid structures, especially the tonsils and thyroid. He also briefly discussed the value of deep therapy in malignancy. A. C. Brines, of the Jefferson Clinic, Detroit, demonstrated the use of McKesson Basal Metabolism apparatus.

The Genesee County Medical Society met at St. Joseph's Hospital, Flint, on Wednesday, April 13th. After a tour of inspection of the new hospital, a luncheon was served by the Sisters and the doctors were welcome by Rev. Fr. Dunigan, who spoke of the cordial relations that have existed between the medical fraternity and the various nursing orders. Dr. Frank N. Wilson, Associate Professor of Medicine, University of Michigan spoke on "Chronic Myocarditis." He gave the most modern views of the internist in defining what we mean by Myocarditis. The history of these cases with interpretation of the various signs and symptoms were discussed in detail. He gave the members of our society many valuable points on the use of Digitalis.

W. H. Marshall, Secretary.

GRATIOT-ISABELLA-CLARE COUNTY

The March meeting of the Gratiot-Isabella-Clare County Medical Society was held at Brainerd Hospital in Alma, Thursday, March 31. In the absence of President Burch and Vice-President Smith, Dr. I. N. Brainerd was called to the chair.

Dr. Brainerd was elected delegate and Dr. M. F. Brondstetter alternate to the State Meeting. Dr. E. L. Street presented a case of Spina-Bifida. Dr. I. N. Brainerd reported a case of the 4th venereal disease.

Dr. M. F. Brondstetter reported a case of traumatic rupture of the urinary bladder in a child of 5 with operation 82 hours after with recovery.

E. M. Highfield, Secretary.

KENT COUNTY

At the regular meeting of the Kent County Medical Society held at Grand Rapids on the 23rd of February, the Proctology Team of the Michigan State Medical Society furnished the evening's program. The speakers were all from Detroit. Dr. B. C. Lockwood's subject was "The Medical and Surgical Aspects of Chronic Constipation." He was follower by Dr. J. E. King on "Radiotherapy and Radiographic Diagnosis," illustrated with the lantern. Dr. Lockwood then spoke on "Medical Treatment" and Dr. Louis J. Hirschman, the team captain followed with "Surgical Treatment."

The speaker for the evening of March 9th was Professor Reuben Peterson of Ann Arbor whose subject was "The Pneumoperitoneal X-Ray for Pelvic Work." His remarks were illustrated with the lantern.

The program for March 23rd was given by the Pneumonia and Empyema Team of the State Society. Members of this team are all from Grand Rapids. Dr. James Brotherhood spoke on "Etiology and Symptomatology." Dr. V. M. Moore's subject was "X-Ray Diagnosis," illustrated with the lantern. Dr. Collins H. Johnston, the team captain, spoke on "Differential Diagnosis and Medical Treatment," and Dr. Wm. Veenboer's subject was "Surgical Treatment" with lantern illustrations.

At the regular meeting of the Society for April 13th, Dr. C. H. Johnston of Grand Rapids, described "Three Cases of Artificial Pneumothorax," with lantern illustrations. The Cardio-Renal Team of the State Society then gave a "Discussion of Cardio-Vascular Conditions." The members of this team were from Battle Creek. Dr. M. A. Mortensen, the team captain, gave "The Diagnosis of Heart Disease." Dr. Wenke spoke on "Throat Infections in Cardiac Disease" and Dr. Pritchard's subject was "X-ray Examination of Heart and Aorta," with lantern slide illustrations. Dr. Mortenson closed the program with an illustrated talk on "Blood Pressure."

F. C. Kinsey, Secretary.

MUSKEGON COUNTY

Muskegon County Medical Society met at the Occidental Hotel, April 8th, 1921. President Cramer presiding. Minutes of former meeting were read and approved. Following the banquet Dr. Roy Urquhart of Grand Rapids gave an excellent address on Mastoids and their complications. The address was supplemented by numerous stereopticon views showing different com-

plications. The subject was discussed by Dr. A. F. Harrington and Dr. Kniskern. Twenty-two members of the Society were present. Meeting adjourned.

E. S. Thornton, Secretary.

Muskegon County Medical Society met at City Hall, March 18th, 1921, President Cramer presiding. Minutes of the previous meeting read and approved.

Communication from the State Secretary read, asking that the Chiropractor story of the Waukegan case be given to the local papers. On motion of Dr. Marshall, President and Secretary were appointed to take care of the publicity.

President Cramer appointed a committee composed of Drs. Teifer, Laurin, and R. J. Harrington to meet with the Dental Society committee.

Committee reported on Mercy Hospital operating room. That $595 had thus far been subscribed. On motion of Dr. Cohen, society voted to solicit other members for additional funds.

Three reels of clinical motion pictures were then shown.

Meeting adjourned.

E. S. Thornton, Secretary.

OCEANA COUNTY

The Oceana County Medical Society met in regular session at the home of Dr. Wood in Hart on March 4th, 1921, at 7:30 P. M. The president, Dr. Reetz, was called away before time to open the meeting and the vice-president not being present Dr. Buskirk opened the meeting. The minutes of the last meeting were read and approved. At this time Dr. Day, the vice-president, arrived and the meeting was given over to him. Mr. H. M. Royal of Shelby was present by arrangement of the program committee and gave a paper on The Layman's Idea of the proposed new plan of the management of the State Hospital at Ann Arbor. The paper was ably presented by Mr. Royal and was enjoyed by us all, after which the usual informal discussion was had, at the close of which a motion was made and carried that the minutes of this meeting and Mr. Royals paper be sent in and the State Secretary be requested to have them printed in the Journal.

A vote of thanks was extended to Mr. Royal for his splendid paper.

Light refreshments were served by Dr. Wood and we adjourned.

C. H. Branch, Secretary.

SAGINAW COUNTY

The Saginaw County Medical Society enjoyed a real treat on the evening of April 12th, when they listened to a lecture on Diverticultis by Dr. John J. Monohan of Chicago. The lecture was supplemented by an excellent collection of lantern slides.

Dr. Monohan gave a splendid presentation of the subject, reporting the results of extensive biological studies as well as many case reports illustrating the condition. A lively discussion followed, which brought out many interesting points. Visitors were present from nearly all the nearby towns in this section.

The next meeting of the Society will be given over to the discussion of the relation of the laboratory to the Practitioner, its possibilities and its limitations.

During Dr. Monohan's short visit with friends here, he was kind enough to give an operative clinic which was largely attended and proved very interesting. The balcony at the Saginaw General Hospital with the men peering down into the pit, reminded one of student days.

Work is progressing nicely on the addition to the Saginaw General Hospital. The bed capacity of the hospital will be doubled, which will give some relief to the present over-crowded conditions. Plans are now drawn for similar additions to both St. Mary's and the Woman's Hospitals. The hospital extension work is under the direction of the City Welfare League.

Saginaw is soon to have a central laboratory which will care for the hospitals and be at the disposal of the physician.

R. M. Kempton, Secretary.

SANILAC COUNTY.

A meeting of the Sanilac County Medical Society was held in the Court House, Sandusky, April 19, 1921.

Dr. J. W. Scott, president, called the meeting to order.

The meeting appointed as delegates to the State Society Dr. J. W. Scott with Dr. C. E. Jeffery as alternate.

Dr. H. H. Angle of Lansing, Mich., gave a very interesting paper on "Auxicular Tibbulation" which was very interesting and well received and considerable time was spent in questioning and discussing.

Dr. S. Stevens of Carsonville gave an interesting paper on Hormonic and Diagnostic Signs of the Endocrins' System" which was also well received.

A vote of thanks was tendered by the meeting to both of these gentlemen for their interesting papers.

Moved to adjourn to meet at Sandusky in May.

C. E. Jeffery, Secretary.

Book Reviews

A MANUAL OF SURGERY: Francis F. Stewart, M.D., Professor of Surgery, Jefferson Medical College. Cloth, Price $10.00. P. Blakiston's Son & Co., Philadelphia.

This text, a fifth edition, was completed just previous to the authors death. It is a text that is definite and exact with confusing verbiage eliminated. Special attention is called to the four years study of war surgery and its application to civil life. It is a text that one may turn to with considerable satisfaction. It is thoroughly abreast with our modern accepted practices.